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T. HAMPTON

JAN - 8 2009

EXAMINER

COVER LETTER

SUBJECT: Mickey S Mini Mart Name of Limited Liability Company)			
•			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Christine Sheirburn (Name of Person)			
Mickeys Mini Mart (Firm Company)			
3670 Old Canoe Creek Rd			
Saint Cloud, FC 34769 (City State and Zip Code)			
For further information concerning this matter, please call:			
Christine Sherrburn at (407), 791-7898 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) □ \$55.00 Filing Fee Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)			

Registration Section
Division of Corporations

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mickey's	Mini Mart LL	C average
	ability Company as it now appears on forida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number D\S OOO	ility Company were filed on 12/1	9/08 and assigned
Prorta document number	<u> </u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		9. Ess
		IONE IN THE INTERPRETATION OF THE INTERPRETA
Enter new mailing address, if applicable:		U OF C
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	10 RF
		OR.
	-	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our i e address here:	records, enter the name of the new
Name of New Registered Agent:	·····	
New Registered Office Address:		
	(Enter 1	Torida street address)
_	······································	, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager · MGRM = Managing Member Title Name Address Type of Action MGRM Christine Sherburn Remove Remove ☐ Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of aniember or authorized representative of a member

Cary Johnson
Typod or printed name of signee Page 2 of 2

Filing Fee: \$25.00

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managing Member being added or removed from our records: