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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

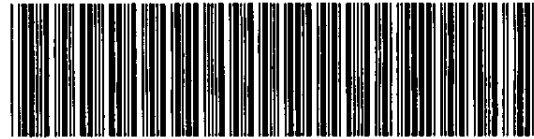
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 9 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMETOWN KITCHEN CONNECTION, LLC

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:

Lisa L. Thompson

Name of Person

Firm/Company

4250 13TH LAKE NE

Address

ST. PETERSBURG, FL 33703

City/State and Zip Code

lisathomps@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa L. Thompson

716

400-4740

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOMETOWN KITCHEN CONNECTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/16/2009 and assigned
Florida document number L09000015628 **L09000015628**

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MOUSE CLASS TRAVEL LLC → Mouse Class Travel LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 76194
St. Petersburg FL 33734

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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 by writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

N/A

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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RECORDS
TALLAHASSEE, FLORIDA
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of _____

Signature of a member or authorized representative of a member

Lisa L. Thompson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
WASHINGTON, D.C.
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