

209000015666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

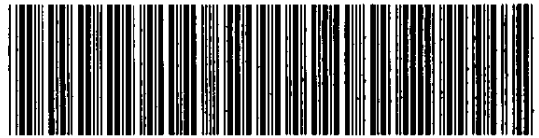
Special Instructions to Filing Officer:

A. LUNT

DEC 22 2009

EXAMINER

Office Use Only



400163792464

12/21/09--01038--001 **25.00

FILED

2009 DEC 21 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poke N' Stuffem, 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:

Rachel Ramot

Name of Person

Poke N' stuffem, LLC

Firm/Company

304 Washington St. Apt A

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

stitched@pokenstuffem.com

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

For further information concerning this matter, please call:

Rachel Ramot

Name of Person

at (407) 744-2453

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 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**

Poke N' Stuffem, 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 2/17/09 and assigned
Florida document number L09000015666.

FILED
2009 DEC 21 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

" same name "

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

304 A Washington St.
New Smyrna Beach, FL 32168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 A Washington St.
New Smyrna Beach, FL 32168

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

, 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

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:


MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name change of registered agent from Rachel Romot Olson to new name Rachel Romot. Attached, please find supporting documents.

Dated December 18, 2009.



 Signature of a member or authorized representative of a member
Rachel A. Romot

 Typed or printed name of signee

FILED
 2009 DEC 21 PM 3:56
 CLERK OF COURT
 ALAHAHSEE, FLORIDA

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE: The Marriage of

Michael Henry Olson,

Husband

and

Rachel Ann Romot Olson,

Wife

FAMILY LAW DIVISION

CASE NO.: 2009 21946 FMNS

DIVISION: 35

FINAL JUDGMENT SIMPLIFIED DISSOLUTION OF MARRIAGE

This cause came before this Court for hearing on the parties' Petition for Simplified Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Simplified Petition for Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. Marital Settlement Agreement. (✓ one only)
 - ☒ a. The parties have voluntarily entered into a Marital Settlement Agreement, and each has filed the required Financial Affidavit. Therefore, the Marital Settlement Agreement filed as "Exhibit A" in this case is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions.
 - ☐ b. There is no property or marital debts to divide, as the parties previously have divided all of their personal property. Therefore, each is awarded the personal property he or she presently has in his or her possession. Each party shall be responsible for any debts in his or her own name.
6. ☒ Yes ☐ No The wife's former name of **Rachel Ann Romot** is restored.
7. The Court reserves jurisdiction to enforce the marital settlement agreement.

ORDERED in Volusia County, Florida, on Dec 7, 2009.

JS James Foxman
CIRCUIT JUDGE

COPIES TO:

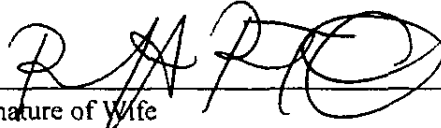
Husband

Wife

Other: _____

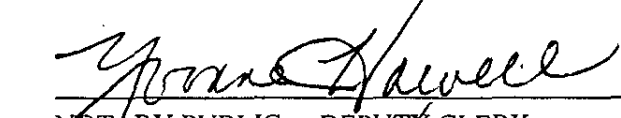
I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: 6/18/09

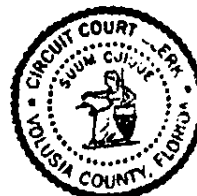
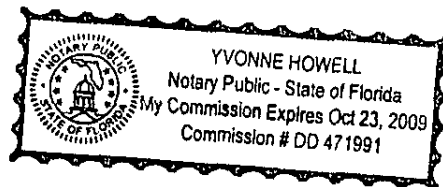

Signature of Wife
Printed Name: Rachel Ann Romot Olson
Address: 156 Cedar Dunes Dr.
City, State, Zip: New Smyrna Beach, FL 32169
Telephone Number: 407-744-2453
Fax Number:

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to or affirmed and signed before me on 6/18/09 by Rachel Ann Romot Olson


NOTARY PUBLIC or DEPUTY CLERK
Yvonne Howell
[Print, type, or stamp commissioned name of notary or clerk.]

☐ Personally known
☒ Produced identification
Type of identification produced FDC



STATE OF FLORIDA, VOLUSIA COUNTY
HEREBY CERTIFY the foregoing is a true copy
of the original filed in this office. This
9 day of Dec 2009
Clerk of Circuit and County Court
By Lee Shumard
Deputy Clerk