

L09000015702

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Orligan SEP -3 2009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Big Philly's of Melbourne, 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:

Karen Lewis

Name of Person

Firm/Company

4451 Enterprise Court Unit K

Address

Melbourne, Florida 32934

City/State and Zip Code

kclew2003@yahoo.com

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

For further information concerning this matter, please call:

Karen Lewis

at ( 321 )

253-5500

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 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**

**FILED**

09 SEP -2 PM 12:47

**Big Philly's of Melbourne, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 17, 2009 and assigned  
Florida document number L09000015702.

This amendment is submitted to amend the following:

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

Marcella's Taste of Philly LLC

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)**

4451 Enterprise Court Unit K

Melbourne, Florida 32934

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4451 Enterprise Court Unit K

Melbourne, Florida 32934

**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:

Karen Lewis

New Registered Office Address:

4451 Enterprise Court Unit K

*Enter Florida street address*

Melbourne

, Florida

32934

*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>  |
|--------------|------------------|---|--|
| MGRM         | Elizabeth O'Hara | 2760 Mariah Drive<br>Melbourne, Florida 32934 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9-1-09, \_\_\_\_\_.

Karen Lewis  
Signature of a member or authorized representative of a member  
KAREN Lewis  
Typed or printed name of signee

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 TALLAHASSEE, FLORIDA