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**EXAMINER** 

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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |                                                                                                                                                                             |  |  |  |  |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: LITTLE BROWN BAG GOURMET, LLC   |                                                                                                                                                                             |  |  |  |  |
|                                          | Name of Limited Liability Company                                                                                                                                           |  |  |  |  |
| The enclosed Articles of A               | amendment and fee(s) are submitted for filing.                                                                                                                              |  |  |  |  |
| Please return all correspon              | dence concerning this matter to the following:                                                                                                                              |  |  |  |  |
|                                          | SUSAN SOLTERO                                                                                                                                                               |  |  |  |  |
|                                          | Name of Person                                                                                                                                                              |  |  |  |  |
|                                          | LITTLE BROWN BAG GOURMET, LLC                                                                                                                                               |  |  |  |  |
|                                          | Firm/Company                                                                                                                                                                |  |  |  |  |
|                                          | 10880 SW 144TH PLACE                                                                                                                                                        |  |  |  |  |
|                                          | Address                                                                                                                                                                     |  |  |  |  |
|                                          | MIAMI, FL 33186                                                                                                                                                             |  |  |  |  |
|                                          | City/State and Zip Code                                                                                                                                                     |  |  |  |  |
|                                          | SUSAN6144@COMCAST.NET  E-mail address: (to be used for future annual report notification)                                                                                   |  |  |  |  |
| For further information co               | ncerning this matter, please call:                                                                                                                                          |  |  |  |  |
| SUSA                                     | N SOLTERO at 305 978 - 9333                                                                                                                                                 |  |  |  |  |
| Name of                                  |                                                                                                                                                                             |  |  |  |  |
| Enclosed is a check for the              | e following amount:                                                                                                                                                         |  |  |  |  |
| \$25.00 Filing Fee                       | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION OF

## LITTLE BROWN BAG GOURMET, 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 Liabil Florida document number L0900008961     |                                                 | i on SEPTEMBER 16-                  | 2009 and assigned             |
|----------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|-------------------------------|
| This amendment is submitted to amend the following                                           | ng:                                             |                                     |                               |
| A. If amending name, enter the new name of the                                               | limited liability comp                          | pany here:                          |                               |
| The new name must be distinguishable and end with the "L.L.C."                               | e words "Limited Liabilit                       | y Company," the designation         | ı "LLC" or the abbreviation   |
| Enter new principal offices address, if applicable                                           | <b></b>                                         |                                     |                               |
| (Principal office address MUST BE A STREET A                                                 | DDRESS)                                         |                                     |                               |
|                                                                                              |                                                 |                                     |                               |
| Enter new mailing address, if applicable:                                                    | <u></u>                                         |                                     |                               |
| (Mailing address MAY BE A POST OFFICE BOX                                                    | <u></u>                                         |                                     |                               |
|                                                                                              |                                                 |                                     |                               |
| B. If amending the registered agent and/or registered agent and/or the new registered office | egistered office addre<br><u>address here</u> : | ess on our records, <u>ente</u>     | r the name of the new         |
| Name of New Registered Agent:                                                                |                                                 |                                     | <del></del>                   |
| New Registered Office Address:                                                               |                                                 |                                     | O9 SECTION                    |
| ·                                                                                            |                                                 | Enter Florida street a<br>. Florida | adage P 21                    |
|                                                                                              | City                                            |                                     | Zip Cade                      |
| New Registered Agent's Signature, if changing Regis                                          | tered Agent:                                    |                                     | )<br>II: ₹8<br>STATE<br>LORID |
| hereby accept the appointment as registered an                                               | ent and agree to act in                         | n this canacity. 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 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:

|              | = Manager<br>1 = Managing Member                                                 |                                                                                                  |                         |
|--------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------|
| <u>Title</u> | <u>Name</u>                                                                      | Address                                                                                          | Type of Action          |
|              |                                                                                  |                                                                                                  | - n                     |
|              |                                                                                  |                                                                                                  | Add Remove              |
|              |                                                                                  |                                                                                                  | Add Remove              |
|              |                                                                                  | <u> </u>                                                                                         | <del></del>             |
|              |                                                                                  |                                                                                                  | AddRemove               |
|              |                                                                                  |                                                                                                  | Add Remove              |
| D. If a      | mending any other information, en  NAME ON FILED IS SUSAN  CORRECT NAME IS SUSAI |                                                                                                  | necessary.)             |
|              |                                                                                  |                                                                                                  | O9 SEP                  |
| Dated _      | SEPTEMBER 17                                                                     | <u>, 2009</u> .<br>Mh                                                                            | FIL<br>EP 21<br>THASSEE |
|              | Signature                                                                        | fa member or authorized representative of a member SUSAN SOLTERO Typed or printed name of signee | FLORIDA                 |

Page 2 of 2

Filing Fee: \$25.00