

LD9000 103 817

(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:

Office Use Only



100180953221

05/17/10--01038--002 **25.00

FILED
10 MAY 17 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 18 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vicaman 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:

Manuel A Acosta Jr
Name of Person
Vicaman LLC dba A Taste of Wow
Firm/Company
473 Glastonbury Dr
Address
Orlando, FL 32825
City/State and Zip Code
mannytr mannyacosta@live.com
E-mail address: (to be used for future annual report notification)

FILED
10 MAY 17 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Manuel A Acosta Jr at (321) 246-0482
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**

Vicaman 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 10/27/2009 and assigned
Florida document number LO9000103817

This amendment is submitted to amend the following:

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

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)

473 Glastonbury Dr
Orlando, FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

473 Glastonbury Dr
Orlando, FL 32825

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 _____

FILED
10 MAY 17 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGRM	Menendez, Vivian	429 Baron Rd Orlando, FL 32828	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rabell, Candace	429 Baron Rd Orlando FL 32828	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Acosta, Anthony E	429 Baron Rd Orlando, FL 32828	<input type="checkbox"/> Add <input checked="" 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.)

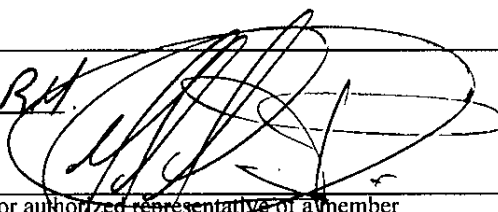
SECRETARY OF STATE
ALLAHBSEE, FLORIDA

10 MAY 17 PM 4:17

FILED

Dated 5/13/2010

MGRM



Signature of a member or authorized representative of a member

Manuel A Acosta Jr

Typed or printed name of signee