

**L09000120511**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

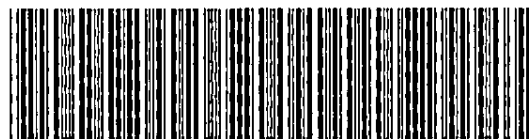
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 08 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2020

ALFRED CURNOW  
10 LIMEROCK DR  
EAST GREENWICH, RI 02818

SUBJECT: MUNCHKIN 2010, LLC  
Ref. Number: L09000120511

We have received your document for MUNCHKIN 2010, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00023399

## COVER LETTER

TO: Registration Section  
Division of Corporations

MUNCHKIN 2010 LLC

SUBJECT: \_\_\_\_\_  
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:

ALFRED JOHN CURNOW

\_\_\_\_\_  
Name of Person

MUNCHKIN 2010 LLC

\_\_\_\_\_  
Firm/Company

10 LIMEROCK DRIVE

\_\_\_\_\_  
Address

EAST GREENWICH, RI 02818

\_\_\_\_\_  
City/State and Zip Code

JAMES.CHAPMAN@CHAPMANSLEGAL.COM

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

For further information concerning this matter, please call:

JAMES CHAPMAN

345

~~561-1961~~

516-1961

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 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2010 DEC -7 PM 12:43

MUNCHKIN 2010 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 December 18, 2009 and assigned  
Florida document number 109000120511.

This amendment is submitted to amend the following:

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

N/A

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 offices address, if applicable:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

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

**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:

N/A

New Registered Office Address:

N/A

*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 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 in writing of this change.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

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If attending 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

Title	Name	Address	Type of Action
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MR	JAMES CHAPMAN MGR	700 NW 21 ST	<input type="checkbox"/> Add
AMBR	JAMES C. Chapman ESQ.	WILTON MANORS	<input checked="" type="checkbox"/> Remove

		FL 33311	<input checked="" type="checkbox"/> Change
--	--	----------	--

MR	ALFRED JOHN CURNOW MGR	10 LIMEROCK DRIVE	<input checked="" type="checkbox"/> Add
----	------------------------	-------------------	---

		EAST GREENWICH	<input type="checkbox"/> Remove
--	--	----------------	---------------------------------

		RI 02818	<input type="checkbox"/> Change
--	--	----------	---------------------------------

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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2.28 DE -7 PM 12:43

Curnow

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

N/A

Alfred John Curnow to hold position of MGR of Munchkin 2010 LLC  
and control 60% of said LLC.

James C Chapman ESQ to hold position of AMBR of Munchkin  
2010 LLC and control 40% of said LLC.

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

8TH OCTOBER

2020

Dated

JAMES CHAPMAN

Signature of member or authorized representative of a member

(typed or printed name of signer)

2 Dec 2020