

L1000030142

(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



800187620318

11/29/10--01026--004 **75.00

2010 NOV 29 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

NOV 30 2010

EXAMINER

To: Registration Section

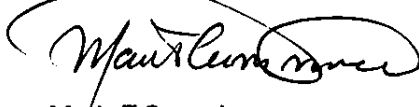
Division of Corporations

Enclosed:

- * Name amendment for Limited Liability Company
- * Canceling of a fictitious name and reapplying for a fictitious name.
- * A check for \$75.00 (\$25 for name amendment and \$50 for fictitious name)

Please file the name amendment for Limited Liability Company before filing for the registration of the fictitious name.

Thank you,



Maria T Cummins

786-395-0355

mariatcummis@aol.com

2010 NOV 29 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COOKING with KIDS MIAMI
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:

MARIA T CUMMINS
Name of Person
COOKING WITH KIDS MIAMI
Firm/Company
485 NE 144TH ST
Address
NORTH MIAMI FL 33161
City/State and Zip Code
MARIA T CUMMINS @ AOL.COM
E-mail address: (to be used for future annual report notification)

2010 NOV 29 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

MARIA T. CUMMINS at 786 395-0355
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**

COOKING WITH KIDS MIAMI

(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 MARCH 18, 201 and assigned Florida document number L10000030142

This amendment is submitted to amend the following:

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

ALL ABOUT KIDS MIAMI, 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)

9612 NE 2ND AVE
MIAMI SHORES FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

485 NE 144TH ST
NORTH MIAMI FL 33161

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
2010 NOV 29 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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.)

2010 NOV 29 AM 10:40
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 11 / 22

2010

Maria Cummins

Signature of a member or authorized representative of a member

MARIA T. CUMMINS

Typed or printed name of signee