L10000093760

(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	e#)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS

Rasier



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2012

GREEN FRIDAY EMPORIUM, LLC HEATHER M FRYE 1302 10TH ST. ST. CLOUD, FL 34769

SUBJECT: GREEN FRIDAY EMPORIUM, LLC

Ref. Number: L10000093760

We have received your document for GREEN FRIDAY EMPORIUM, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 212A00011203

Karen A Saly Regulatory Specialist II and een

COVER LETTER

10:	Division of Co					
SUBJE	ECT:	Green Frida	ay Emporium, LLC			
	 		ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please 1	return all corresp	ondence concerning this matter	to the following:	12 PR-5 M 822		
			Heather M. Frye			
		Gree	en Friday Emporium, LLC	<u>&</u> 2)		
Firm/Company						
	1302 10th Street					
Address						
	Saint Cloud, FL 34769					
			City/State and Zip Code			
		greenfr E-mail address: (idayemporium@gmail.com to be used for future annual report notific	ation)		
For furt	ther information of	concerning this matter, please of	all:			
Heather M. Frye Name of Person				89-0864		
		of Person	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gre	en Friday E	mporium, LLC						
(Name of the Limited	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
(1 101144 151111144 1	naomiy company)		19 900				
ne Articles of Organization for this Limited Liability Company were filed on September 7, 2010 and assigned								
Florida document number L10000093760								
				Ø,				
This amendment is submitted to amend the follo	wing:			4				
A. If amending name, enter the new name of	the limited liab	ility company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "L	LC" or the abbreviation				
Enter new principal offices address, if applicable:		1302 10th Street						
(Principal office address MUST BE A STREE)	(ADDRESS)	Saint Cloud, FL 34769						
Enter new mailing address, if applicable:		309 New York Avenue						
(Mailing address MAY BE A POST OFFICE)	<u>30X)</u>	Saint Cloud, FL 34769						
B. If amending the registered agent and/o			r records, <u>enter t</u> l	ne name of the new				
registered agent and/or the new registered off	<u>ice address her</u>	<u>c</u> :						
Name of New Registered Agent:	Heather M. Frye							
New Registered Office Address:	1302 10th S	Street						
	Enter Florida street address							
	S	aint Cloud	, Florida	34769				
		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.

/s/ HEATHER M. FRYE
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> Type of Action **Address** MGRM Heather M. Frye 309 New York Avenue ✓ Add Saint Cloud, FL 34769 Remove Carol Creamer MGRM 591 Adams Road ☐ Add Saint Cloud, FL 34769 √ Remove Add Add . ☐ Remove Add Remove ∏Add □Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH Heather M. Unyle.
Signature of a member or authorized representative of a member Heather M. Frye

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00