

L10000100977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

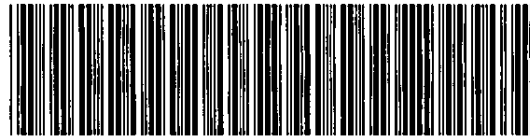
(Business Entity Name)

(Document Number)

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2013  
13 DEC 23 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 30 2013  
J. G. Gathers

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Munchkinz Made EZ 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:

Morgan Williams  
Name of Person  
Munchkinz Made EZ LLC  
Firm/Company  
636 Shady Pine Way #A  
Address  
Greenacres FL 33415  
City/State and Zip Code  
support @ munchkinzmadeez.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morgan Williams at 501 8103318  
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**

Munchkinz Made EZ 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 9/27/10 and assigned Florida document number L100000100977

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)

536 Shadyline Way #A1  
Greenacres FL  
33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

536 Shadyline Way #A1  
Greenacres FL  
33415

**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:

Morgan Williams

New Registered Office Address:

536 Shadyline Way #A1  
Enter Florida street address  
Greenacres, Florida 33415  
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.

Morgan Williams

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>
MGR	Donna Wells	4856 Orlando Ave	<input type="checkbox"/> Add
		WPB FL 33417	<input checked="" type="checkbox"/> Remove
MGRM	Donna Wells	4856 Orlando Ave	<input checked="" type="checkbox"/> Add
		WPB FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

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Dated \_\_\_\_\_, \_\_\_\_\_.

Donna Wells  
Signature of a member or authorized representative of a member

Donna Wells  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
13 DEC 23 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA