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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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JUL 25 2012
T. HAMPTON

COVER LETTER

TO: ♦ Registration Section
Division of Corporations

SUBJECT: Scoop Bar & Grill, 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:

Justin R. Infurna, Esq., LL.M.

Name of Person

The Infurna Law Firm, P.A.

Firm/Company

189 S. Orange Avenue, Suite 1850S

Address

Orlando, Florida 32801

City/State and Zip Code

justininfurna@gmail.com

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

For further information concerning this matter, please call:

The Infurna Law Firm, P.A.

Name of Person

at (800)

774-1560

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL 24 PM 12:09

Scoop Bar & Grill, 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 6, 2010 and assigned
Florida document number L10000124724.

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)

189 S. Orange Avenue

Suite 1850S

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

189 S. Orange Avenue

Suite 1850S

Orlando, Florida 32801

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:

The Infurna Law Firm, P.A.

New Registered Office Address:

189 S. Orange Avenue, Suite 1850S

Enter Florida street address

Orlando

, Florida

32801

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.

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

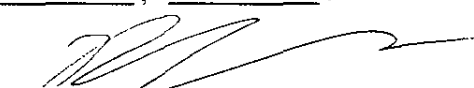
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Romi Mawardi	4142 N. 28th Terrace Hollywood, Florida 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	My Hips, LLC	189 South Orange Avenue Orlando, Florida 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KRM, LLC	189 South Orange Avenue Orlando, Florida 32801	<input checked="" 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.)*

Dated July 20, 2012

12 JUL 24 PM 12: 09
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS



 Signature of a member or authorized representative of a member
 Romi Mawardi

 Typed or printed name of signee