# L10000 126972

•						
· (Red	questor's Name)					
(Add	iress)					
(Add	dress)					
(City	(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
(Bus	siness Entity Nar	ne)				
(1)00	cument Number)					
Cartified Conies	Certificates	of Statue				
Certified Copies	Certified Copies Certificates of Status					
<u> </u>		<u> </u>				
Special Instructions to Filing Officer:						

Office Use Only



200188750112

12/17/10--01013--012 \*\*60.00

SECRETERY OF STATE OF OFFICE OR THE SECOND OF CORPORATION



#### **COVER LETTER**

то:	Registration Sec Division of Corp							
SUBJI	ECT:	MH	Haller, LLC					
			ited Liability Company	· · · · · · · · · · · · · · · · · · ·				
The en	The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please	return all correspor	idence concerning this matter	r to the following:					
	Mary Ellen Davis							
			Name of Person					
Mary Ellen Davis Law Office								
Firm/Company								
	P. O. Box 1720							
			Address					
		Cı	rawfordville, FL 32326					
			City/State and Zip Code					
		John@houghtonpart E-mail address: (	ners.com; maryellen@law to be used for future annual report not	vyerdavis.com lification)				
For fur	ther information co	ncerning this matter, please c	call:					
	Mary	Ellen Davis	at (_850 )	926-6003				
	Name of	Person	Area Code & Daytime Telephone Number					
Enclose	ed is a check for the	following amount:						
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations a 6327 see, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Course	prations				

Tallahassee, FL 32301



### Many Ellen Davis

Attorney and Counselor at Law P.O. Box 1720 17 High Drive, Suite C Crawfordville, Florida 32326

Phone: (850) 926-6003 Fax: (850) 926-4944

December 15, 2010

Registration Division Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: MHaller, LLC (Florida Document No. L10000126975) - Name Change

To Whom It May Concern:

Enclosed for filing with respect to a name change are your Cover Letter and the Articles of Amendment to Articles of Organization of MHaller, LLC (Florida Document No. L10000126975). The purpose of the Amendment is to change the name to Harry & Mickey's LLC.

Also enclosed is a check in the amount of \$60.00, representing payment of the Filing Fee, Certificate of Status and one (1) Certified Copy. An additional copy of the Articles of Amendment to Articles of Organization is also enclosed for your use in providing the Certified Copy. Please return the Certified Copy to me, Mary Ellen Davis, Post Office Box 1720, Crawfordville, FL 32326.

Please call me if you have any questions or require additional information. Thank you for your courtesies in this regard.

Sincerely,

Mary Ellen Davis

MEDau's

MED/bcd Enclosures

ce: Mr. John Houghton (w/enclosures)

#### ARTICLES OF AMENDMENT

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF BURPORATIONS **OF**

10 DEC 17 MIT: 58

	MHaller, LLC		_ 1 		
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability (	Company were filed on	12/10/2010	and assigned		
Florida document number L10000126975	, •				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :			
Harry	/ & Mickey's LLC				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	n/a				
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:	n/a				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	ne name of the new		
Name of New Registered Agent: n/a			·····		
New Registered Office Address:					
<del></del>	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 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 Title <u>Name</u> **Address Type of Action** n/a ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 12-15-10 Webaus authorized representative
Signature of a member or authorized representative of a member Mary Ellen Davis, attorney at law and authorized representative

Typed or printed name of signee

Page 2 of 2