L11000011359

Office Use Only



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B. BOSTICK
MAR **2 3** 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division of C	Corporations				
SUBJECT:	MP Foo	od Service, LLC			
Sobset.	·	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
		Javier A. Muniz Pagan			
		Name of Person			
		Firm/Company			
		PO Box 677790		=	
		Address Orlando, FL 32867	ラボ ラケ 9分	11 MAR 21	Constitution of the Consti
		City/State and Zip Code		<	m
	j.mu	niz@thecoffeeshopfl.com			
For further information	E-mail address:	(to be used for future annual report notificational)	on) RIDA	15	
	er A. Muniz Pagan		2-3943	_	
Name of Person		Area Code & Daytime Te	lephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MP Food Se	ervices, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	<mark>any as it now appear</mark> Liability Company)	's on our records.)		
The Articles of Organization for this Limited Liability Company	y were filed on	1/27/2011	and as	signed
Florida document numberL11000011359				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation	ALL SE	abbreviation
Enter new principal offices address, if applicable:			AF A	Edging .
(Principal office address MUST BE A STREET ADDRESS)			\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac	in the second
Enter new mailing address, if applicable:	PO Box 67779	90	FINII: I	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 3		0 _A	*
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>·e</u> :	ur records, <u>ente</u> er Florida street a		of the new
	. 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 Maragers 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>	Address	Type of Action
MGRM	Javier A. Muniz Pagan	719 Myrtle Lake Ct Apt 105 Orlando, FL 32867	Add Remove
<u>MGRM</u>	Ana D. Pagan Martinez	PO Box 677790 Orlando, FL 32867	Add Remove
MGR	Javier A. Muniz Pagan	PO Box 677790 Orlando, FL 32867	Add Remove
MGR	Fernando E. Muniz Garcia	PO Box 677790 Orlando, FL 32867	✓ Add Remove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ary.)
			TA L
			MAR 2
Dated	fact.	<u> </u>	ANTI: I
	Javi	er A. Muniz Pagan or printed name of signee	A 01
	71	. •	

Page 2 of 2

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 14, 2011

JAVIER A. MUNIZ PAGAN POST OFFICE BOX 677790 ORLANDO, FL 32867

SUBJECT: MP FOOD SERVICES , LLC Ref. Number: L11000011359

We have received your document for MP FOOD SERVICES , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

RETURNING TO SENDER, PER YOUR REQUEST.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 111A00006195