

LI 000025460

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2011 OCT 28 AM 11:00

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T. CLINE

OCT 31 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blazin Burger 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:

Barbara Cummings
Name of Person
Blazin Burger LLC
Firm/Company
2224 East University Ave
Address
Gainesville, Florida 32641
City/State and Zip Code
sisters@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Cummings at 352, 372-0707
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Blazin Burgers

(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 3/1/2011 and assigned
Florida document number L11000025460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Blazin Burger LLC

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)

Barbara R. Cummings

2224 East Univ Ave

Gainesville Florida 32641

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Barbara R. Cummings

New Registered Office Address:

2224 East University Ave

Enter Florida street address

Gainesville

Florida

32641

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.

Barbara R. Cummings

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	Name	Address	Type of Action
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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Member	Leon Cummings Jr.	2224 East University Ave Gainesville Florida 32641	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Managing member	Kim Rochelle	2224 East University Ave Gainesville, Florida 32641	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	Barbara R Cummings	2224 East University Ave Gainesville Fla 32641	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

Federal ID # 45-295-1921

Dated October 24th 2011

Barbara R. Cummings
Signature of a member or authorized representative of a member

Barbara R Cummings
Typed or printed name of signee

2011 OCT 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED