

L11000047741 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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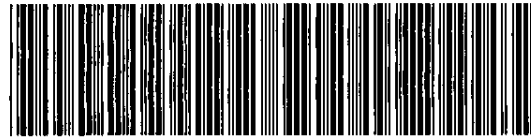
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

B. BOSTICK

NOV 16 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Two Gals Deli, 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:

Rebecca S. Maynor  
Name of Person

Two Gals Deli  
Firm/Company

129 N Lake Ave  
Address

Pahokee FL 33438  
City/State and Zip Code

maynor-561@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca S. Maynor at 561.692-2860  
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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**

Two Gals Deli, 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 4/21/2011 and assigned  
Florida document number L11000047741

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)**

36860 4th St.  
Canal Point FL 33438  
P.O. Box 808  
Canal Point, FL 33438

**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:**

Rebecca S. Maynor

**New Registered Office Address:**

36860 4th St.

*Enter Florida street address*

Canal Point

*City*

Florida

33438

*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.

Rebecca Maynor

**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
Mgrm	Cynthia Anderson	1197 Bacom Pt Rd Pahokee, FL 33476	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Rebecca S. Maynor	P.O. Box 808 Canal Point FL 33438	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MgrM	Cassandra D. Maynor	141 S. Greenstar Ave Pahokee FL 33476	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MgrM	Dennis W. Maynor, JR.	P.O. Box 808 Canal Point, FL 33438	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 11/11, 2011.

Cynthia Anderson  
Signature of a member or authorized representative of a member  
Cynthia Anderson  
Typed or printed name of signee

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CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA