

# L11000079924

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K. SALY  
EXAMINER  
SEP -7 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE VILLAGE SPICEMAN, 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:

SUSAN V. BAILEY

Name of Person

THE VILLAGE SPICEMAN, LLC

Firm/Company

210 BREVARD AVE

Address

COCOA, FL. 32922

City/State and Zip Code

VILLAGESPICEMAN@GMAIL.COM

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

For further information concerning this matter, please call:

SUSAN V. BAILEY

Name of Person

at (321) 749-3407

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

The Village Spiceman, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
12 SEP -6 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7-11-2011 and assigned  
Florida document number L 11000079924

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)

210 BREVARD AVE

COCOA, FL. 32922

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

210 BREVARD AVE

COCOA, FL. 32922

**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:

SUSAN V. BAILEY

New Registered Office Address:

210 BREVARD AVE

Enter Florida street address

COCOA

City

Florida

32922

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.

Susan Bailey  
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

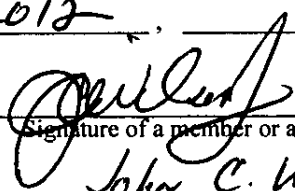
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Cynthia J. Wilson	846 Village Way PALM HARBOR, FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John C. Wilson	846 Village Way PALM HARBOR, FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Susan V. Bailey	210 BREVARD AVE COCOA, FL 34683	<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

9-1-2012



Signature of a member or authorized representative of a member

John C. Wilson, MGR.

Typed or printed name of signee