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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROBBIE'S VILLAGEWALK CAFE AND MARKET 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:
ROBB W. HERRON Name of Person
ROBBIE'S VILLAGEWALK CAFE AND MARKET LLC Firm/Company
2540 VILLAGE WALK CIRCLE Address
WELLINGTON, FLORIDA 33414 City/State and Zip Code
RH Super 44 e Aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robb W. Herron at (561) 964-0024 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FILED

2011 NOV 14 PM 2: 41

Roffie's VILLAGE WALK CAFE AND MARKET TRUCHASSEE. FLORIDA
(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 Liab	oility Company were filed on Auc	oust 26 20 1/ and assigned
Florida document number <u>L/10000981</u>	<u>10</u> .	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	r 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 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 **Type of Action** Title Address Name MGRM PAULA J. HERRON Remove Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER 3155 Signature of a member or authorized representative of a member W. HERRON
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00