

L11000109050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A. LUNT

APR -9 2011

EXAMINER

Office Use Only



800227483078

04/06/12--01013--002 \*\*25.00

SECRETARY OF STATE  
KALLANISSE, ALONSO

2012 APR -6 AM 55

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MICKIE & ANGIES EATERY, 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:

Angela Aldrich  
Name of Person  
MICKIE & ANGIES EATERY LLC  
Firm/Company  
9360 S. HWY 441 #5-#6  
Address  
Ocala, Fl. 34480  
City/State and Zip Code  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2012 APR -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

Angela Aldrich at (352) 693-4986  
Name of Person 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**

MICKIE & ANGIES EATERY, 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 9-23-2011 and assigned  
Florida document number L11000109050

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)

9360 S. Hwy 441 #5-#6  
Ocala, FL  
34480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9360 S. Hwy 441 #5-#6  
Ocala, FL  
34480

**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:

Angela Aldrich

New Registered Office Address:

9360 S. Hwy 441 #5-#6  
Enter Florida street address

Ocala

Florida

34480

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.

Angela Aldrich  
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	John M. Reed	11691 SW 52 Ave. Ocala, FL 34480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Angela Aldrich	12029 SE 112 AVE. RD Bellevue, FL 34420	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

FILED  
2012 APR -6 AM 11:56  
SEALAM: ST. JAMES  
MILLAN: SEC. TUSSEN

Dated 04.04.2012

Angela Aldrich  
Signature of a member or authorized representative of a member  
Angela Aldrich  
Typed or printed name of signee