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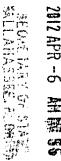
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: MI	CKIE & ANGIE Name of Limi	S EATERY, LL otted Liability Company	<u>c</u>	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Mickied 9360 S Ocala	Aldrich Name of Person ANGIES ENTERY Firm/Company Address 11. 34480 City/State and Zip Code	ଜନ ଜନ ଜନ	
For further information	concerning this matter, please of	all:		
Angola ,	Aldrich of Person	at (<u>352); </u>	1984 elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

(A Flo	orida Limited Li	ability Company)	on our records.		
The Articles of Organization for this Limited Liabi		were filed on $\underline{\mathcal{G}}$	3-23-20	and assign	ned
This amendment is submitted to amend the followi	ing:			65 m	FT
A. If amending name, enter the new name of th					
The new name must be distinguishable and end with the L.L.C."	ne words "Limite	ed Liability Compan	y," the designation "	LLC" or the abb	reviatio
Enter new principal offices address, if applicabl		9360	5- Hwy 44	11 #5-#	6
(Principal office address MUST BE A STREET A	<u>1DDRESS)</u>	Ocala	S- HWY 44 , FL 3	4480	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	9360 Ocala	S. HWY 5	141 ⁻⁴ 5-	
B. If amending the registered agent and/or registered agent and/or the new registered office			ır reçords, <u>enter</u>	the name of t	<u>he nev</u>
Name of New Registered Agent:	An	gela Al	drich wy 441		
New Registered Office Address:	936	O S. A	wy 441 er Florida street ad	#5 - #1 dress	<u>6</u>
-	<u> </u>	ala	, Florida	3448	0
		Cuy		Lip 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Ma	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	John M. Reed	11691 SW 52 ave, Ocala, FL 34480	Add Remove
MER	Angela Aldrich	12029 SE 112 AVE. RD Belleview, FL 34420	∴ Add Remove
	-		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
<u>.</u>			TILED TILED TILED TILED TILED
Dated	04.04, 20	Λ	F en
-	Ameh All	or authorized representative of a member Or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00