

# L11000129384

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOMI RAMEN, LLC**

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August 7, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MOMI RAMEN, LLC  
1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131

SUBJECT: MOMI RAMEN, LLC  
REF: L11000129384

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod  
Regulatory Specialist II

FAX Aud. #: H12000198456  
Letter Number: 612A00020416

**COVER LETTER**

((H12000198486 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOMI RAMEN, 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:

**Diane M. Hernandez**  
Name of Person

**Adams Gallinar, P.A.**  
Firm/Company

**1000 Brickell Avenue, Suite 300**  
Address

**Miami, Florida 33131**  
City/State and Zip Code

**dhernandez@agilaw.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Diane M. Hernandez** at ( **305** ) **416-6800**  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(((H12000198486 3))) L.E.D.

12 AUG -7 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOMI RAMEN, 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 11/14/2011 and assigned  
Florida document number L11000129384.

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)

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

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter 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.

\_\_\_\_\_  
(((H12000198486 3)))  
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: ((H12000198486 3)))

MGR = Manager
MGRM = Managing Member

Table with 4 columns: Title, Name, Address, Type of Action. Includes entry for Corey Chen at 1425 Brickell Avenue, Miami, Florida 33131, with 'Remove' checked.

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

Blank lines for amending information, with a vertical stamp: FILED 12 AUG 07 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Dated August 6 2012

Handwritten signature of Robert R. Adams

Signature of a member or authorized representative of a member
Robert R. Adams, Esq., Authorized Representative
Typed or printed name of signee

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