L11000139288

(Re	equestor's Name)	.
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PICK-UP	☐ WAIT	MAIL
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EXAMINER



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May 8, 2012

R. FEINGLAS SAVEOLOGY.COM LLC 5259 COCONUT CREEK PARKWAY MARGATE, FL 33063

SUBJECT: MAMA ZEN'S LLC Ref. Number: L11000139288

We have received your document for MAMA ZEN'S LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Correction can only be used within 30 days after the original Articles of Organization are filed.

To make changes at this point, you must complete, sign, and return the enclosed LLC AMENDMENT form.

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.

Buck Kohr Regulatory Specialist II

Letter Number: 112A00013820

www.sunbiz.org



May 15, 2012

Mama Zen's 5241 Coconut Creek Parkway Margate, FL 33063

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment to Articles of Organization of Mama Zen's LLC

To whom it may concern:

Attached please find: Cover Letter; Articles of Amendment and copy of rejection letter sent May 8, 2012.

If you require anything else do not hesitate to contact the undersigned at 954-691-9520.

Thank you.

Robin Feinglas, CP

Certified Senior Corporate Paralegal

To Saveology.com

Enclosures

12 MAY 16 MA 9: 26

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJECT: MA			MA Zen's	ð•
30b0EC1			ted Liability Company	
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	The state of the s
Please	return all corresp	ondence concerning this matter	to the following:	to My State of the
		R Feinglas		
			Name of Person	
s			Saveology.com LLC	
			Firm/Company	
5259		5259	Coconut Creek Parkway	
			Address	
			Margate, FL 33063	·
		.e_:	City/State and Zip Code	
		E-mail address: (1	nglas@saveology.com to be used for future annual report notifica	ation)
For fur	ther information	concerning this matter, please c	all:	
		R Feinglas	at (91-9520
	Name	of Person	Area Code & Daytime	relephone Number
Enclose	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMA Ze	en's LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	4,
The Articles of Organization for this Limited Liability Company Florida document numberL11000139288	were filed on	12/12/2011	and assigned
This amendment is submitted to amend the following:			·o·
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,	" the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:	5241 Coconut C	reek Parkway	
(Principal office address MUST BE A STREET ADDRESS)	Margate, FL 330		
Enter new mailing address, if applicable:	5241 Coconut C	reek Parkway	
(Mailing address MAY BE A POST OFFICE BOX)	Margate, FL 33063		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	records, enter th	
	City	, Fiorida	Zip Code
Naw Pagistared Agent's Signature if changing Desistand Agent.	•		•

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

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			· — · –
			<u> </u>
			Add Remove
			AddRemove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if nece	essary.)
			
 Dated	May 1	-, <u>2012</u> .	
	Signature o	of a member or authorized representative of a member	
		Typed or printed name of signee	The state of the s

Page 2 of 2

Filing Fee: \$25.00