

L/2000055038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

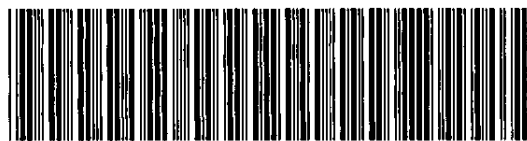
Special Instructions to Filing Officer:

A. LUNT

MAY -9 2011

EXAMINED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY -8 PM 1:47

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Original Remraf 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:

Jennifer D. Staley

Name of Person

The Original Remraf Eatery, LLC.

Firm/Company

P.O. Box 6

Address

Weirsdale, Florida, 32195

City/State and Zip Code

originalremrafeatery2@gmail.com

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

Jennifer Staley

Name of Person

at (352)

454-4349

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**

The Original Remraf 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 April 23, 2012 and assigned Florida document number L12000055038.

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)

18976 East Highway 40

Silver Springs, Florida 34488

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 6

Weirsdale, Florida 32195

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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:

Winnifred Giarda

New Registered Office Address:

13484 s.e. 162nd place

Enter Florida street address

weirsdale

Florida

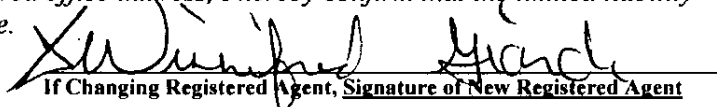
32195

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 Changing Registered Agent, Signature of New Registered Agent

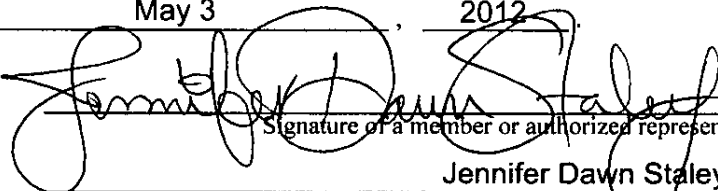
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jennifer D. Staley	107 S. Edison ave Tampa, florida 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Winnifred Giarda	13484 SE 162nd Place Weirsdale, FL 32195	<input type="checkbox"/> Add <input checked="" 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)

Dated May 3, 2012


Signature of a member or authorized representative of a member
Jennifer Dawn Staley

Typed or printed name of signee

FILED
MAY -8 PM 1:47
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT