

L12000095644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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08/06/12--01005--018 \*\*25.00

12 AUG - 6 AM 08 20  
DIVISION OF BANK REGULATION  
TREASURY OF GEORGIA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gary's Soul Food LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
12 AUG -6 PM 8:20

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivienne HENRY  
Name of Person

Gary's Soul Food LLC  
Firm/Company

220 Cherokee Ave Apt 121  
Address

Altamonte Spring FL 32701  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vivienne HENRY at (954) 803-8844  
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

Gary's Solo Food LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

12 AUG -6 PM 4:20  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF ORANGE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/19/2012 and assigned

Florida document number L12000095644

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gary's Soul Food LLC

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)

226A N Orange Blossom Trail  
Orlando FL 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 Cherokee Ave Apt 121  
Altamonte Spring FL 32701

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:

Vivienne HENRY

New Registered Office Address:

958 Bloomington CT

Enter Florida street address

Ocoee

Florida

34761

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.

[Signature]  
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>
MGR	Vivienne Henry	958 Bloomington Ct Dade FL 34761	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Una Walters	220 Cherokee Ave Apt 121 Altamonte Springs FL 32701	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated July 30, 2012.



Signature of a member or authorized representative of a member

Vivienne HENRY

Typed or printed name of signee