

L12000116016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

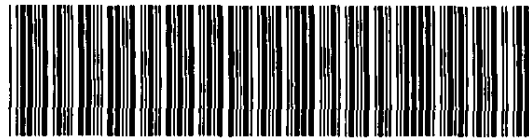
(Business Entity Name)

(Document Number)

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13 JAN -9 AM 9:25

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2013 JAN -9 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 10 2013

J. BRYAN

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

|   |                     |
|---|---------------------|
| NAME OF ENTITY<br><u>Fray's Donut House 66<sup>th</sup></u><br><u>Street, LLC</u> | FOR OFFICE USE ONLY |
|   |                     |
|   |                     |

## PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

## FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 1/9/13 TIME 9:30

## Notes:

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FRAY'S DONUT HOUSE 66TH STREET, 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 09/10/2012 and assigned  
Florida document number L12000116016

This amendment is submitted to amend the following:

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

MJ & Chaz 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)**

6774 46th Ave N.

St. Petersburg, FL 33709

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6774 46th Ave N.

St. Petersburg, FL 33709

**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:

Al Cannon

New Registered Office Address:

4045 Ligustrum Dr

*Enter Florida street address*

Palm Harbor

*City*

Florida 34685

*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.*

*Al Cannon*  
**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          | Al Cannon      | 4419 66TH STREET N     | <input type="checkbox"/> Add               |
|              |                | KENNETH CITY, FL 33709 | <input checked="" type="checkbox"/> Remove |
| MGR          | Michael Cannon | 13810 Nathan Ridge Ln  | <input checked="" type="checkbox"/> Add    |
|              |                | Cypress, TX 77429      | <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            |

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

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Dated 01/08, 2013



Signature of a member or authorized representative of a member

**Michael J Cannon**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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