

L12000120296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rose Marie's Bakery 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:

Rosanne Chapman
Name of Person
Rose Marie's Bakery LLC
Firm/Company
1239 Cape Coral Pkwy E
Address
Cape Coral FL 33904
City/State and Zip Code
RChapman1952@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosanne Chapman at (863) 430-7940
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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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Maria's Pasticceria 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 9/20/2012 and assigned
Florida document number L12000120296.

This amendment is submitted to amend the following:

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

Rose Marie's Bakery 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)

1239 Cape Coral Pkwy E
Cape Coral FL 33904

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:

Rosanne Chapman

New Registered Office Address:

1239 Cape Coral Pkwy E

Enter Florida street address

Cape Coral

City

Florida

33904

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.

Rosanne Chapman
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

Title	Name	Address	Type of Action
MGR	Carmela Indellinati	1239 Cape Coral pkwy E	<input type="checkbox"/> Add
		Cape Coral FL 33904	<input checked="" type="checkbox"/> Remove
MGR	Josephine Fanfarelli	1239 Cape Coral pkwy E	<input type="checkbox"/> Add
		Cape Coral FL 33904	<input checked="" type="checkbox"/> Remove
MGR	Rosanne Chapman	1239 Cape Coral pkwy E	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33904	<input type="checkbox"/> Remove
MGR	Thomas Chapman	1239 Cape Coral pkwy E	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33904	<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.)

Dated 9/9/2013

Rosanne Chapman

Signature of a member or authorized representative of a member

Rosanne Chapman

Typed or printed name of signer

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Filing Fee: \$25.00

SECRETARY OF
TALLAHASSEE, FLORIDA

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