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K.SALY EXAMINER JAN 28 2013

## **COVER LETTER**

Divisio	on of Corporations	
SUBJECT:	The Little Kitchen LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Ar	articles of Amendment and fee(s) are submitted for filing.	
Please return all	ll correspondence concerning this matter to the following:	
	Julie Deily	
	Name of Person	
	The Little Kitchen LLC	
	Firm/Company	
	7777 N. Wickham Rd. #12-135	
	Address	
	Melbourne, FL 32940	
	City/State and Zip Code	
	julie@thelittlekitchen.net	
	E-mail address: (to be used for future annual report notification)	
For further infor	rmation concerning this matter, please call:	
Julie Deily	321 298-3950	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a che	heck for the following amount:	
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy is enclosed) Certified Copy C	f Status &

**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

13	FILER	)
MAURELL MAUREL	25 PM	4: 47
A LAHAS	SEE, FL	ME

The Little Kitchen LLC		TAT LAHLISSEE, FLOR
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records liability Company)	D SEC. FLOR
The Articles of Organization for this Limited Liability Company Florida document numberL13000008045	were filed on 1/16/2013	and assigned
This amendment is submitted to amend the following:		
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 "Limit"L.L.C."	ted Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7777 N. Wickham Rd. #12	2-135
(Principal office address MUST BE A STREET ADDRESS)	Melbourne, FL 32940	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	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>	Address	Type of Action
MGRM	Julie Deily	7777 N. Wickham Rd. #12-135	Add
		Melbourne, FL 32940	Remove
			Add Remove
			Add
Web hadron faces were			Add
			Add
			Add

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
<del></del>	
Dated January	y 22 2013
	Auli 970
-	Signature of a-member or authorized representative of a member
	Julie Deily
<del></del>	Typed or printed name of signee

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Filing Fee: \$25.00