

#L13000040434

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 SEP 23 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

SEP 26 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Island Mama Java 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:

Sommer Escamilla

Name of Person

Island Mama Java LLC

Firm/Company

132 14th Street

Address

St. Augustine, Florida 32080

City/State and Zip Code

Sommerb@hotmail.com

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

For further information concerning this matter, please call:

Sommer Escamilla at 858 401-9126

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

Island Mama Java LLC.

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

FILED  
13 SEP 23 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/8/2013 and assigned  
Florida document number L13000040434

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)

4085 A1A South  
St. Augustine, Florida  
32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4085 A1A South  
St. Augustine, Florida  
32080

**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:

Sommer Escamilla

New Registered Office Address:

132 14th Street

Enter Florida street address

St. Augustine, Florida

City

32080

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.

S. Escamilla

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	Danielle R Dom	4075 A1A South St. Augustine, FL 32080	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jennifer R Dom	4075 A1A South St. Augustine, FL 32080	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sommer Escamilla	132 14th Street St. Augustine, FL 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Barthomiej D. Piniaz	180 State Rd. 207 St. Augustine, FL 32084	<input checked="" 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.)*

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Dated Sept. 13<sup>th</sup>, 2013.

x - Escamilla

Signature of a member or authorized representative of a member

Sommer Escamilla

Typed or printed name of signee

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Filing Fee: \$25.00