

L13000048294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mama Mia Pizzeria & Latino Restaurant LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilmer Fernandez

Name of Person

Mama Mia Pizzeria & Latino Restaurant LLC

Firm/Company

Post Office Box 853

Address

Haines City, Florida 33845

City/State and Zip Code

jtsm_jtsm@hotmail.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilmer Fernandez

Name of Person

407 600-0153

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

Mama Mia Pizzeria & Latino Restaurant 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 April 02, 2013 and assigned
Florida document number L13000048294.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Postal Office Box 853

Haines City, Florida 33845

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Oscar Gamez

New Registered Office Address:

1105^N 21st Street

Enter Florida street address

Haines City

Florida 33844

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.

Oscar Gamez
If Changing Registered Agent, Signature of New Registered Agent

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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	Wilmer Fernandez	1108 E Hinson Ave	☐ Add
		Haines City, FL 33844	☒ Remove
MGR	Oscar Gamez	1105 ^N 21ST Street	☒ Add
		Haines City, FL 33844	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated July 2, 2013

Oscar Gamez
Signature of a member or authorized representative of a member

Oscar Gamez

Typed or printed name of signee

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Filing Fee: \$25.00

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