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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

Mom & Dads Italian Restaurant Tallahassee FL 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:

James Graganella

Name of Person

Firm/Company

2415 Millstone Planation Road

Address

Tallahassee FL 32312

City/State and Zip Code

jgraganella@pmains.com

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

For further information concerning this matter, please call:

James Graganella

Name of Person

,850,**322-8503**

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**

MOM & DADS ITALIAN RESTAURANT, TALLAHASSEE, FL, 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 Com	pany were filed on 08/22/2013	and assigned
Florida document number L13000118744		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		3 2
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		- 07 ARE
Enter new mailing address, if applicable:		Y OF SI Y OF SI ORPOR
(Mailing address MAY BE A POST OFFICE BOX)		38 ATION
		<u></u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	gent:	

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	Kirk Luchman	1116 Blackhawk Way	Add	
		Tallahassee, FL 32312	Remove	
MGRM	Soledad Luchman	1116 Blackhawk Way	Add	
		Tallahassee, FL 32312	Remove	
	<u> </u>		d SECREMARY OF CORF	
			PM 2: 39 Remove	
			Add Remove	
			Add Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
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ated	Sept 9 2013
	() a L
	Signature of a member or authorized representative of a member
	James Graganella
	Typed or printed name of signee

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Filing Fee: \$25.00

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