

L13000158041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

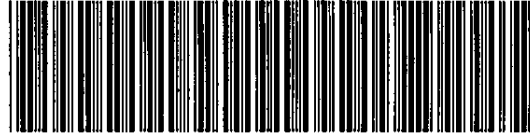
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 16 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mister Philly Pretzel Factory, 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:

Derek Forchic
Name of Person

Firm/Company

6098 NW 31st Way
Address

Boca Raton, FL 33496
City/State and Zip Code

Phlorida Pretzel @ gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Forchic
Name of Person

at (856)
Area Code

261-1803
Daytime Telephone Number

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TALLAHASSEE FLORIDA

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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

TO
ARTICLES OF ORGANIZATION
OF

Mister Philly Pretzel Factory, 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 11/8/2013 and assigned Florida document number L13000 158041.

This amendment is submitted to amend the following:

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

Phlorida Pretzel, 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)

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:

New Registered Office Address:

Erin Forchic
168 NW 51st Street
Enter Florida street address
Boca Raton, Florida
City
2015 JAN -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Zip Code 33496

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 605, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

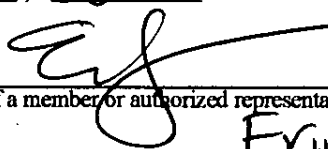
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Derek Forchic	6098 NW 31st Way Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Erin Forchic	6098 NW 31st way Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: Dec. 21, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 22, 2014



Signature of a member or authorized representative of a member

Erin Toranic

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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