

L14000045339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

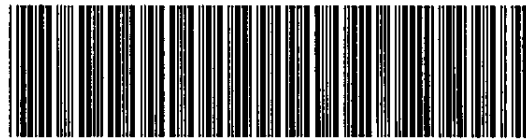
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

N O R T H A M P T O N OCT. 22 2004



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

JOHN GIAQUINTO
2022 SE 6TH LANE
CAPE CORAL, FL 33950

SUBJECT: MISTER PORKY L.L.C.
Ref. Number: L14000045339

We have received your document for MISTER PORKY L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 214A00021858

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mistea Porky 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:

JOHN CUAQUINTO
Name of Person

Firm/Company

2022 SE. 6TH LN
Address

Cape Coral, FL 33990
City/State and Zip Code

MisteaPorky@Earthlink.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CUAQUINTO at (239) 634-0131
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

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TALLAHASSEE, FLORIDA

MISTEN PORKY L.L.C.
(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 03/19/2014 and assigned
Florida document number L14000045339.

This amendment is submitted to amend the following:

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

THIS LITTLE PIGGY CATERING SERVICE L.L.C.
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)

2022 SE 6TH LN
CAPE CORAL, FL 33990

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: _____

Enter Florida street address

_____, Florida _____
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

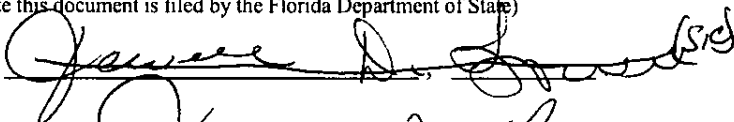
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOHN GUAQUINT</u>	<u>2022 SE. 6TH LN</u>	<input checked="" type="checkbox"/> Add
		<u>CAPE CORAL, FL 33990</u>	<input type="checkbox"/> Remove
<u>AP</u>	<u>MIGUEL ROCCA</u>	<u>4529 BAYSHORE RD</u>	<input type="checkbox"/> Add
		<u>N FT MYERS, FL 33917</u>	<input checked="" type="checkbox"/> Remove
<u>AP</u>	<u>FRANCINE MATHISON</u>	<u>4529 BAYSHORE RD.</u>	<input type="checkbox"/> Add
		<u>N FT MYERS, FL 33917</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>JEWEL LOWE</u>	<u>4529 BAYSHORE RD</u>	<input type="checkbox"/> Add
		<u>N FT MYERS, FL 33917</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

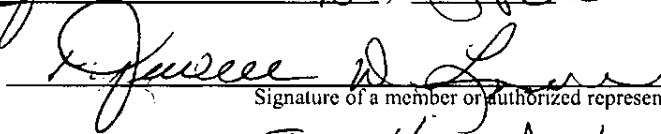
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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





Signature of a member or authorized representative of a member

JEWELL D. LOWE

Typed or printed name of signee

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