

L14000063236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

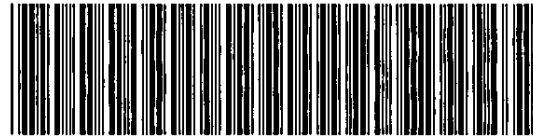
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258415815

05/05/14--01028--004 **25.00

FILED
2014 MAY -5 PM 12:15
CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 12 2014

ORCL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAM RESTAURANT MANAGEMENT LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERIE A. HANLEY

Name of Person

ENGLANDER FISCHER

Firm/Company

721 FIRST AVE. NORTH

Address

ST. PETERSBURG, FL 33701

City/State and Zip Code

CHANLEY@EFLEGAL.COM

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

For further information concerning this matter, please call:

CHERIE A. HANLEY at (727) 898-7210 EXT. 242
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

FILED
2014 MAY -5 PM 12:15
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MAM RESTAURANT MANAGEMENT
LLC

SECOND: The Florida Document number of the limited liability company is: L14000063236

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE IV, "The name and address of the person(s) authorized to manage
LLC" should be "MATT & MARIA LODER FAMILY TRUST" instead of
"MATT & MARIA CODER FAMILY TRUST". This was a typographical error.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

John W. Waechter
Signature of Authorized Representative
JOHN WAECHTER, REGISTERED AGENT

May 2, 2014
Date

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**

FILED
2014 MAY -5 PM 12:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA