

L15000082100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

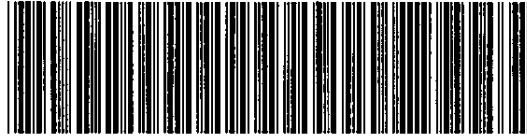
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/15--01022--003 **25.00

FILED
15 MAY 20 PM 4: 59
TALLAHASSEE, FLORIDA
OFFICE OF THE CLERK
OF THE SUPREME COURT

T. Burch MAY 21 2015

May 19th, 2015
174 NW 23rd St
Miami, FL 33127
1.305.571.2288

To Whom It May Concern,

Please accept the enclosed documentation. Our daytime Telephone number is 1.305.571.2288 and our return address is 174 NW 23rd St Miami, FL 33127. We look forward to receiving the Florida Department of State Division of Corporations letter of acknowledgement.

Sincerely,

Nina Johnson-Milewski

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY LITTLE PONY 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:

NINA JOHNSON MILEWSKI

Name of Person

GALLERY DIET

Firm/Company

986 NE 84 ST

Address

MIAMI/FLORIDA/33138

City/State and Zip Code

NINAJOHNSON@MAC.COM

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

For further information concerning this matter, please call:

NINA JOHNSON MILEWSKI

305 9783692
at ()

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**

MY LITTLE PONY 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 MAY 08TH 2015 and assigned Florida document number L15000082100.

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 contain 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)

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15 MAY 20 PM 1:59
CLERK OF STATE
TALLAHASSEE FLORIDA

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	NINA JOHNSON MILEWSKI	986 NE 84 ST MIAMI FL 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MY LITTLE PONY		<input type="checkbox"/> Add
		6315 NW 2ND AVE MIAMI FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

TALLAHASSEE STATE UNIVERSITY
 TALLAHASSEE, FLORIDA
 MAY 20 2011
 11:50 AM
 30

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

Multiple horizontal lines for amending information.

15 MAR 20 11 44:50 AM
MILWAUKEE COUNTY
WISCONSIN

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5.19.2015

Handwritten signature of Nina Johnson Milewski

Signature of a member or authorized representative of a member

NINA JOHNSON MILEWSKI

Typed or printed name of signee