

**L16000085696**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

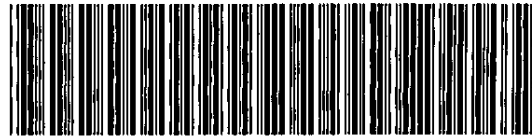
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*need amend.*

Office Use Only



**000298813310**

05/08/17--01029--025 \*\*25.00

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17 JUN -5 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. WARREN**

**JUN 06 2017**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2017

ANTHONY ATWELL JR  
2757 SW ANN ARBOR RD  
PORT ST LUCIE, FL 34953

SUBJECT: THE LICKING SPOON COMPANY, LLC  
Ref. Number: L16000085696

We have received your document for THE LICKING SPOON COMPANY, LLC and your check(s) totaling \$25.00. 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 317A00009590

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Licking Spoon Company, 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:

Anthony Atwell Jr. or Natasha Mathis  
Name of Person

The Licking Spoon Company, LLC  
Firm/Company

2757 SW Ann Arbor Rd.  
Address

Port Saint Lucie, FL 34953  
City/State and Zip Code

anthony-atwelljr@att.net or lilbit030984@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natashia Mathis at (561) 701-7856  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
(You already have the check.)
- ☐ \$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**

The Licking Spoon Company, 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 5/2/2016 and assigned Florida document number L16000085696

This amendment is submitted to amend the following:

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

N/A

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)**

**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:

Natashia Mathis

New Registered Office Address:

2757 SW Ann Arbor Rd.

Enter Florida street address

Port St. Lucie

City

Florida

34953

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. If of 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.*

N. Mathis  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>
<u>COO</u>	<u>Amber S Brack</u>	<u>1507 SE Royal Green Cir. T103</u> <u>PSL, FL 34952</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>COO</u>	<u>Natashia J. Mathis</u>	<u>2757 SW Ann Arbor Rd.</u> <u>PSL, FL 34953</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

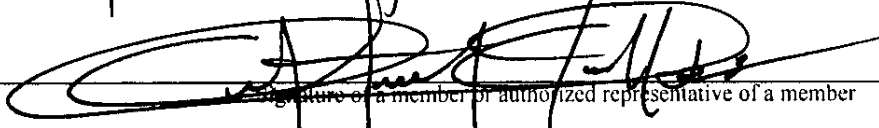
E. Effective date, if other than the date of filing: 5/1/17 (optional)

(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 May 23, 2017

  
Signature of a member or authorized representative of a member

Anthony Atwell Jr.

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA