

L16 0000 99953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

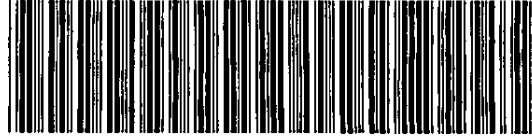
(Document Number)

Certified Copies _____ Certificates of Status _____

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wrong form

Office Use Only



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2016 AUG 26 P 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2016

ROBERT OFOEME
3161 OAKLAND PARK BLVD, SUITE 2010
OAKLAND PARK, FL 33311

SUBJECT: FLAVA'S SNACK SHOP LLC
Ref. Number: L16000099953

We have received your document for FLAVA'S SNACK SHOP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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: 216A00013308

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flava's Snack Shop, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Ofoeme
Name of Person

Flava's Snack Shop
Firm/Company

3161 Oakland Park Blvd Ste 2010
Address

Oakland Park, FL 33311
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Ofoeme at (504) 982-2012
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Flava's Snack Shop, 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 6/1/15 and assigned Florida document number L16000099953

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)

3161 Oakland Park Blvd. Ste 2010
Oakland Park, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3161 Oakland Park Blvd. Ste 2010
Oakland Park, FL 33311

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

FILED
JUN 26 PM 4:09
CLERK OF DISTRICT COURT
HILLSBORO, 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>
			<input type="checkbox"/> Add
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2016
JUN 26
4:49 PM
RECEIVED
CLERK OF STATE
TREASURY
ISSUE FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. A small dark smudge or mark is present near the bottom center of the page.

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.

Dated _____, _____

(Title of person signing)

FILED
2015 AUG 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA