(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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# COVER LETTER

Ψ,		COVERCENTER	
TO: Registration Section Division of Corpo	on rations	•	
SUBJECT:	Big Ma Name of Lin	at (772) 528 - 4145  Area Code Daytime Telephone Number  unt:  ng Fee & \$\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee,}	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Cal	andra Riggi Name of Person	NS
		Firm/Company	
	<u>602</u>	Wisteria Ave A	pt A
	fort	City/State and Zip Code	34982
	E-mail address:		ail. Com
For further information con	cerning this matter, please c	all:	
<u>Calandra</u> Name of P	Riggins erson		Y145 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

#### 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



October 18, 2016

CALANDRA RIGGINS 602 WISTENIA AVE APT A FORT PIERCE, FL 34982

SUBJECT: BIG MAMA'S HOUSE, LLC

Ref. Number: L16000177068

We have received your document for BIG MAMA'S HOUSE, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 016A00022438

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rig Mama's House LC (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 $\frac{9/22/16}{10000177068}$	and assigned
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 abb	reviation "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)	
Thisting www.coo mili BB 11 OB1 C111CB BOIL)	
B. If amending the registered agent and/or registered office address on our records, enterit registered agent and/or the new registered office address here:	he name of the new
- Time Time Time Time Time Time Time Time	AON
Name of New Registered Agent:	774
New Registered Office Address:	<b>T</b>
Enter Florida street address S	
, Florida, Florida	Zin 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to man from our records:	age, enter the title, name, and address of each I	person being added
MGR = M AMBR = A	anager uthorized Member	* Change from Members to	NSONS
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIR	* Patrick Riggins In	602 Wisteria Ave	□ Add
AP		Apt A fait Pierce, FL, 3498-	Remove
	.ur	J , J	Change
AMBR	Itera Riggins	602 Wisteria Ave	🗆 Add
AP	J	fort Pierce, FL 3498	2 parkemove
			Change
AMBR	Calandra Riggins	602 Wisteria Ave Fort Pierce, FL 3498	
		fort Pience, FL 3498	<u>/</u> ∠□ Remove
			_□ Change
			Add
			. □ Remove
		SSE	No.
			hange
		E PARL LORIDA	Add
			_□ Remove
			_ Change
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			☐ Change

. If amending any other inf	ormation, enter change(s)	here: (Attach additional she	ets, if necessary.)	
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	this block does not meet the ap the Department of State's rec	pplicable statutory filing require ords.	ments, this the will	Pot be listed as
the record specifies a de ) The 90th day after th		t not an effective time, at	t 12:01 a.m. on t	:he earlier of
4.	A 1 1			
Dated 30	October, 20,	16.		
	Uada K Signature of a member or	authorized representative of a men	nber	
	ă .			
<del></del>		printed name of signee		

Page 3 of 3

Filing Fee: \$25.00