118000132730

(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:
Signature

Office Use Only



000322098680

01/07/19--01016--006 **30.00

SEURETARY OF STATE
HVISION OF CORPORATIONS

brund

JUN 17 2019 D CUSHING

COVER LETTER

	gistration Sec vision of Cor		·		
CUD IECT.		ING DUMPLINGS, LLC			
SUBJECT:	·	Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		PATRICK STEWART			
			Name of Person		
			Firm/Company		
Firm/Company 105 BLUE GULF DRIVE Address		- 	V I C		
			Address		7
		SANTA ROSA BEACH F	LORIDA 32459	19.30% - 7	۔۔ د
		NICOLE@LEEWARDME	City/State and Zip Code DICAL.COM	7 P X	
		E-mail address: (to be used for future annual report notif	ication)	3
For further	information co	oncerning this matter, please ca	all:	₹.	3
PATRICK	STEWART		530 386-6001 at ()		•
	Name of	f Person		Telephone Number	
Enclosed is	a check for th	ne 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)	
	MAILI	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 17, 2019

PATRICK STEWART 105 BLUE GULF DRIVE SANTA ROSA BEACH, FL 32459

SUBJECT: MY PHO KING DUMPLINGS LLC

Ref. Number: L18000132730

We have received your document for MY PHO KING DUMPLINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 319A00001402

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY PHO KING DUMPLINGS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Plorida document number $\frac{1.18000132730}{1.18000132730}$. This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited	I 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:		15 VISS
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u>2</u> <u>0 - 1</u> - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Enter new mailing address, if applicable:		T PH 5: L
(Mailing address MAY BE A POST OFFICE BOX)		- L2 NE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the new
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>	Type of Action
AMBR	HANDWERKER, KASTY NICOLE	105 BLUE GULF DRIVE SANTA ROSA BEACH FL 32459	
			Remove
			Change
AMBR	HANDWERKER, KASEY NICOLE	105 BLUE GULF DRIVE SANTA ROSA BEACH FL 32459	
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
	· <u>-</u>		□ Add
			☐ Remove
		.	□ Change
			Remove
			Change

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

E. Effective date, if other than the date of filing: (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 3 7 19 **Patrick Student Studen
PATRICK STEWART

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00