

H1800017815

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : LEGALZOOM.COM INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POTATOPIA MANAGEMENT, LLC

Certificate of Status	0
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9-18-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POTATOPIA MANAGEMENT, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

ad@potatopia.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800)

773-0888 ext. 9724

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

POTATOPIA MANANGEMENT, 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 07/17/2018 and assigned
Florida document number L18000171815

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2262 South University Dr.

(Principal office address **MUST BE A STREET ADDRESS**)

Davie, Florida 33324

Enter new mailing address, if applicable:

2262 South University Dr.

(Mailing address **MAY BE A POST OFFICE BOX**)

Davie, Florida 33324

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:

Allen Dikker

New Registered Office Address:

2262 South University Dr.

Enter Florida street address

Davie

City

Florida 33324

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	POTATOPIA FRANCHISE, LLC	2622 SOUTH UNIVERSITY DR.	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input checked="" type="checkbox"/> Remove
MGR	POTATOPIA FRANCHISE, LLC	2262 South University Dr.	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33324	<input type="checkbox"/> Remove
MGR	DIKKER, ALLEN	2622 SOUTH UNIVERSITY DR.	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input checked="" type="checkbox"/> Remove
MGR	DIKKER, ALLEN	2262 South University Dr.	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 24, 2018



Signature of a member or authorized representative of a member

Allen Dikker

Typed or printed name of signee

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Filing Fee: \$25.00

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