## U8000 256660

| (Req                      | uestor's Name)       |        |
|---------------------------|----------------------|--------|
| (Add                      | ress)                |        |
| (Add                      | ress)                |        |
| (City                     | //State/Zip/Phone #/ | )      |
| PICK-UP                   | MAIT                 | MAIL   |
| (Bus                      | iness Entity Name)   |        |
| (Doc                      | ument Number)        |        |
| Certified Copies          | Certificates of      | Status |
| Special Instructions to F | iling Officer:       |        |
|                           |                      |        |
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Office Use Only



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February 9, 2019

JOSEPH E PAWLAK THE SPICE STATION A KITCHEN BOUTIQUE 410 BREVARD AVENUE COCOA, FL 32922

SUBJECT: THE SPICE STATION A KITCHEN BOUTIQUE LLC

Ref. Number: L18000256660

We have received your document for THE SPICE STATION A KITCHEN BOUTIQUE 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):

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 219A00002812

RECEIVED
2019FEB 19 PH 3: 00

## **COVER LETTER**

|              | Registration Se<br>Division of Cor |  |   |  |
|--------------|------------------------------------|--|---|--|
| eun rez      | THE SPICE                          | STATION A KITCHEN BOU                        | UTIQUE LLC  |  |
| SUBJEC       | .1:                                | Name of Limi                                 | ited Liability Company  |  |
| The encl     | osed Articles of                   | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please re    | turn all correspo                  | ndence concerning this matter                | to the following:   |  |
|              |                                    | JOSEPH E. PAWLAK                             |   |  |
|              |                                    | <del></del>                                  | Name of Person  |  |
|              |                                    | THE SPICE STATION A                          | KITCHEN BOUTIQUE LLC  |  |
| Firm/Company |                                    |  |   |  |
|              |                                    | 410 BREVARD AVE.                             |   |  |
|              |                                    |  | Address   | <del> </del>   |
|              |                                    | COCOA. FL 32922                              |   |  |
|              |                                    |  | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |
|              |                                    | cindyleespice@gmail.com                      |   |  |
|              |                                    | E-mail address: (1                           | to be used for future annual report notif                                 | leation)   |
| For furth    | er information co                  | oncerning this matter, please ca             | all:  |  |
| JOSEPH       | IPAWLAK                            |  | 316 617-3184  |  |
|              | Name o                             | f Person                                     | at ()  Area Code Daytime  | Telephone Number   |
| Enclosed     | is a check for th                  | ne following amount:                         |   |  |
| □ \$25.0     | 00 Filing Fee                      | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(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 SPICE STATION A KITCHEN BOUTIQUE   |  |                       |
|--|--|-----------------------|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit   | npany as it now appears on our records,<br>ed Liability Company) | )                     |
| The Articles of Organization for this Limited Liability Compa  | my were filed on H/01/2018                                       | and assigned          |
| Florida document number 1.18000256660  |  |                       |
| This amendment is submitted to amend the following:  |  |                       |
| A. If amending name, <u>enter the new name of the limited l</u>  | iability company here:   |                       |
| he new name must be distinguishable and contain the words "Limited Li  | iability Company," the designation "LLC" of                      |                       |
| Enter new principal offices address, if applicable:  |  | 50 5                  |
| Principal office address MUST BE A STREET ADDRESS,   | <u> </u>   | 田田田                   |
|  |  | 15 To 1               |
|  |  |                       |
| Enter new mailing address, if applicable:  |  |                       |
| Mailing address MAY BE A POST OFFICE BOX)  |  | <u> </u>              |
|  | ·  |                       |
| 3. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco |  | enter the name of the |
| Name of New Registered Agent:  |  |                       |
| New Registered Office Address:   |  |                       |
|  | Enter Florida street address                                     |                       |
|  | Flor   | ida                   |
|  | Chy  | 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 |
|--------------|---------------------|---|----------------|
| MGR          | MARY LEE HOLLENBECK | 2436 CARRIAGE COURT<br>INDIATLANTIC 32903         |                |
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| ffective date, if other than th   | e date of filing: _                | ·····                |   | (optional)   |                             |
| an effective date, if other than the<br>an effective date is listed, the date mu<br>ote: If the date inserted in this be<br>ocument's effective date on the I | lock does not meet                 | t the applicable sta | filling or more than 90<br>utory filling requires | ) days after filing.) Pursuan<br>nents, this date will not | t to 605,020<br>be listed a |
| e record specifies a delaye<br>The 90th day after the re  | d effective date<br>cord is filed. | e, but not an e      | fective time, at                                  | 12:01 a.m. on the  | earlier o                   |
| JANUARY 23  | 2                                  | 2019                 |   |  |                             |
| uica  | · _                                |                      |   |  |                             |
|   |                                    |                      |   | -  |                             |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00