

L20000084344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

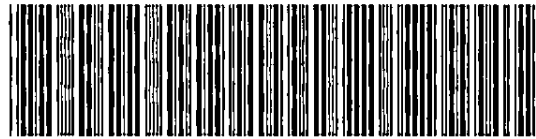
(Business Entity Name)

(Document Number)

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05/08/20--01007--008 \*\*25.00

2020 MAY -8 PM 1:46

AM  
5/26/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAMAS SOUTHERN FRIED CHICKEN AND SEAFOOD 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:

BRITTANY RICHARDSON

\_\_\_\_\_  
Name of Person

B-UNITED TAX SERVICES LLC

\_\_\_\_\_  
Firm/Company

6465 CENTRAL AVENUE

\_\_\_\_\_  
Address

ST. PETERSBURG, FL 33710

\_\_\_\_\_  
City/State and Zip Code

bunitedtaxsvc@gmail.com

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

For further information concerning this matter, please call:

Marquill Greene

727 417-5320  
\_\_\_\_\_  
at ( )  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2020 MAY -8 PM 1:46

MAMAS SOUTHERN FRIED CHICKEN AND SEAFOOD 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 03/17/2020 and assigned  
Florida document number L20000084344.

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)**

**Enter new mailing address, if applicable:**

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

**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

**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>
AMBR	MARQUILL GREENE	4665 17TH AVENUE SOUTH	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATRINA HARRELL	522 15TH AVENUE SOUTH	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33705	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NEED TO ADD THE OWNER UNDER THE AUTHORIZED PERSON SECTION.

LISTING MARQUILL GREENE (THE OWNER) AS THE AMBR AND CHANGING THE SPELLING OF  
MGR NAME FROM KARTINA HAROLD TO KATRINA HARRELL. THERE WAS A MISSPELLING OF  
THE MGR NAME. IT HAS BEEN CORRECTED WITH THE CHANGE REQUESTED ABOVE.

LAST CHANGE; THE FEIN NEEDS TO APPEAR ON THE ARTICLES OF CORPORATION FOR

VERIFICATION PURPOSES. - 84-5136096

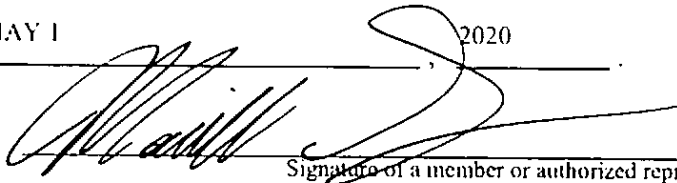
**E. Effective date, if other than the date of filing:** 05/01/2020 **(optional)**

*(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 MAY 1 2020



Signature of a member or authorized representative of a member

MARQUILL GREENE

Typed or printed name of signee