## L21000374727

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations		
SUBJECT:	GARY AN	D CANDY LLC	•	· ·
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Candy K Warner		
			Name of Person	
			Firm/Company	<del> </del>
		1137 54th Ave N		
			Address	
		St Petersburg, FL 33703		
		<u> </u>	City/State and Zip Code	
		GARYANDCANDY@GM	AIL.COM to be used for future annual report no	Wife and an A
For further is	nformation c	oncerning this matter, please c	·	ouncation)
Candy K Wa	arner		727 239-9353	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	S30.00 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)
	181 A . B . B		e	
	<u>iling Addres</u> gistration S		<u>Street Address:</u> Registration S	Section
	_	Corporations	Division of Co	
	). Box 632	•	The Centre of	Tallahassee
Tal	lahassee, I	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARY AND CANDY LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on 8/20/2021	and assigned
lorida document number L21000374727		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
PAPA AND MIMI'S MARKET LLC		
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	C" 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:		
Muiling address MAY BE A POST OFFICE BOX)		
www.co.co.co.co.co.co.co.co.co.co.co.co.co.		
3. If amending the registered agent and/or registered office	address on our records, enter	the name of the new registe
gent and/or the new registered office address here:	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	xx
	ជា	orida
	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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
		<del></del>	Remove
			□ Change
			□Remove
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an effect lote: 11	e date, if other than the date of filing:
record s I is filed	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 l.
	U-20-2000
Dated	- 3 - 3 C - 3 C 3
Dated	by the second
Dated	Signature of a member or authorized representative of a member