

L03000028060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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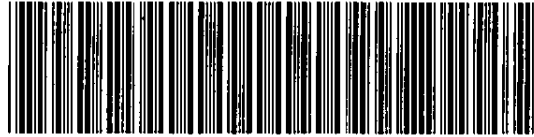
(Business Entity Name)

(Document Number)

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T. HAMPTON

FEB - 1 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FRESCO'S RISTORANTE' 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:

Michael c. Roberts  
Name of Person

FRESCO'S RISTORANTE  
Firm/Company

555 18<sup>th</sup> Ave NE  
Address

ST. Pete, FL 33704  
City/State and Zip Code

Michael c Roberts@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N/A 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FRESCO'S RISTORANTE 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 July 30<sup>th</sup> 2003 and assigned Florida document number L03000028060

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:  
(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Michael C. Roberts

New Registered Office Address:

(Same as old) N/A  
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 608, 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.

Michael C. Roberts  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	David J Sackol	300 2nd Ave NE ST. Petersburg, FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Michael C. Roberts	300 2nd Ave NE ST. Petersburg, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgrm	Thomas Ortiz	300 2nd Ave NE ST. Petersburg, FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgrm	Richard Jolly	300 2nd Ave NE ST. Pete, FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

ADD

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated January 27<sup>th</sup>, 2010.  
Michael C. Roberts  
 Signature of a member or authorized representative of a member  
Michael C. Roberts  
 Typed or printed name of signee