

L120000 44542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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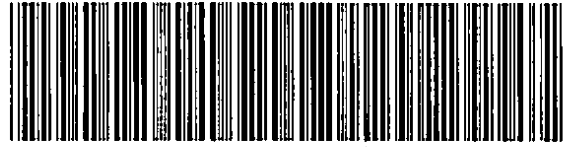
(Business Entity Name)

(Document Number)

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JUN 22 2020

2020 JUN 22 11:08:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Decked Out Cafe LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Robin Newmark
Name of Person

ALL Decked Out Cafe
Firm/Company

311 SCRIVEN AV NW
Address

LIVE OAK FL 32064
City, State and Zip Code

WLLYPATCH4@YAHOO.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Robin Newmark at (386) 590-7291
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

2415 N
MONROE ST
SUITE 810

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

All Decked Out Cafe LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2012 22 8:15

The Articles of Organization for this Limited Liability Company were filed on 3/30/12 and assigned Florida document number L12000044542.

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)

311 SCRIVEN AVE NW
LIVE OAK FL
32064

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:

Robin Newman

New Registered Office Address

311 SCRIVEN AVE NW LIVE OAK FL
Enter Florida street address
LIVE OAK Florida 32064
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.

x Robin Newman
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

F. Effective date, if other than the date of filing: 6/17/2020 (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.

(b) The 90th day after the record is filed.

Nicki Waters
Signature of a member or authorized representative of a member

Vicki Waters
Typed or printed name of signee