

**L13000005224**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

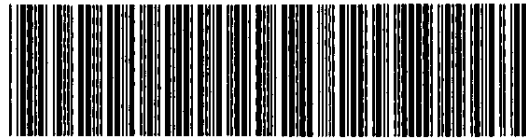
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF REEL SECTIONS  
2013 MAR - 7 AM 8:46

C. LEWIS  
MAR - 5 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2013

JOHN DORAK, RTRP / COMPUKEEPER INC.  
2298 NW BOCA RATON BLVD  
SUITE 20  
BOCA RATON, FL 33431

SUBJECT: TSUNAMI SUBS LLC  
Ref. Number: L13000005224

We have received your document for TSUNAMI SUBS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 013A00005232

**COVER LETTER**

**TO: Registration Section,  
Division of Corporations**

**TSUNAMI SUBS LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**JOHN DORAK, RTRP**

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

**COMPUKEEPER INC.**

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

**2298 NW BOCA RATON BLVD SUITE 20**

\_\_\_\_\_  
Address

**BOCA RATON, FL 33431**

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

**DORAKJ@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**JOHN DORAK, RTRP**

**561 368-7769**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 MAR -7 AM 8:46

TSUNAMI SUBS 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 01/10/2013 and assigned  
Florida document number L13000005224.

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)

109 S. STATE ROAD 7

ROYAL PALM BEACH, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

109 S. STATE ROAD 7

ROYAL PALM BEACH, FL 33414

**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:

SCOTT HERMAN

New Registered Office Address:

109 S. STATE ROAD 7

*Enter Florida street address*

ROYAL PALM BEACH

Florida

33414

*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.*

  
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:

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 DIVISION OF CORPORATIONS

2019 MAR -7 AM 8:46

MGR = Manager  
 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERIC MAILLY	109 S. STATE ROAD 7	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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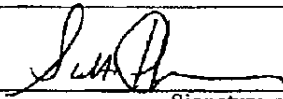
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

PLEASE CHANGE ZIP CODE TO 33414 FOR THE SAME ADDRESS

LISTED UNDER EACH SECTION.

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DIVISION OF CORPORATION  
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Dated FEBRUARY 19TH, 2013



Signature of a member or authorized representative of a member

SCOTT HERMAN

Typed or printed name of signee

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Filing Fee: \$25.00

ATTN: CAROLYN