## L12000029364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:
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SECRETARY OF STÁTE. TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO:

1:

Registration Section **Division of Corporations** 

WINTER PARK BURGER COMPANY, 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:

Linda G.T. Parks

Name of Person

Parks, De Filippo & Associates, P.A.

203 Lookout Place, Suite A

Address

Maitland, Florida 32751

City/State and Zip Code

lparks@pda-cpa.com

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

For further information concerning this matter, please call:

Linda G.T. Parks

at (407) 539-1330 x110

Area Code & Daytime Telephone Number

Name of Person

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

	BURGER COMPA		•	
(Name of the Limited Liability (A Florida	y Company as it now app Limited Liability Compan	ears on our records.) y)	FILE	D
The Articles of Organization for this Limited Liability Consider document number	Company were filed on _ 	February 29, 2012	2012d NO Mg 3.0 SECRETARY TALLAHASSER	OF STATE
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :		
ТО	ASTED 131, LLC			
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Con	mpany," the designation "L	LC" or the abbrevi	ation
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			<del></del>
				_
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>enter tl</u>	ne name of the	new
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:		Enter Florida street addr	ess.	<del></del>
<del></del>	Citv	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove
			_
<u></u>			Add
			_ Remove

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Filing Fee: \$25.00

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