# L03000043397

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PICK-UP	₩AIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

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TO: Registration Se Division of Cor			
SUBJECT:	Banana	Boat, L.L.C	
	Name of Lini	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lo	Ke P Therien	/
		ana Boat L.	
		Ocean Blvd	
	BOYNTON	Beach FL 33 City/State and Zip Code	435
	Luke Therie E-mail address: (	City/State and Zip Code  NO BUISOUTH. HET  to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Lute P	Therier ferson	at (561) 276 Area Code Daytime	8 - 0356 Telephone Number
Enclosed is a check for the	ne 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



November 4, 2014

**LUKE THERIEN** RESTAURANT HOLDINGS, INC 4600 NORTH OCEAN BLVD BOYNTON BEACH, FL 33435

SUBJECT: BANANA BOAT, L.L.C. Ref. Number: L03000043397

We have received your document for BANANA BOAT, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 314A00023610

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bonana B	POST L.L.C.	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000</u> 43397	vere filed on	-03 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and end with the words "Limited Liabi		
Enter new principal offices address, if applicable:	4600 N. C	cean Blud Floo
(Principal office address MUST BE A STREET ADDRESS)	Boyn Jon B	cean Blud #Floor each FC 33435
Enter new mailing address, if applicable:	. NA	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Floric	la
	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

Page 1 of 3

SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
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e date this docur	if other than the date of filing: must be specific, cannot be prior to date of receipt or filed date and cannot be ment is filed by the Florida Department of State)  //- 20 - / 4  20 / 4	(optional) more than 90 days after
ffective date, ne effective date in the date this docurated	ment is filed by the Florida Department of State)	(optional) more than 90 days after

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Filing Fee: \$25.00