

L040000

22424

06 JAN 25 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
06 JAN 25 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

FILED

TO: Registration Section
Division of Corporations

06 JAN 25 PM 3:00

SUBJECT: Zabella Restaurant SECRETARY OF STATE
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pierre Lienert
(Name of Person)

Zabella Restaurants LLC
(Firm/Company)

1234 ORANGE AVE
(Address)

Winter Park, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Pierre Lienert at (407) 963-1703
(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

06 JAN 25 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Zabella Restaurant LLC

(Present Name)
(A Florida Limited Liability Company)

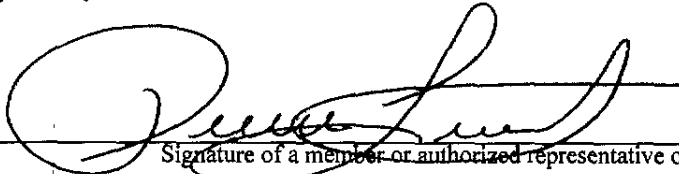
FIRST: The Articles of Organization were filed on 3-24-04 and assigned
document number LO4-000022424

SECOND: This amendment is submitted to amend the following:

ADD Managing Member
Pierre Lienert
1234 ORANGE AVE
Winter Park, FL
32789

Dated

1/25/06



Signature of a member or authorized representative of a member

Pierre Lienert

Typed or printed name of signee

Filing Fee: \$25.00

DEPARTMENT OF STATE
CERTIFICATION OF PRIOR STATE SERVICE

JOSHUA DOUGLAS KISH
NAME

PRIOR NAME

591-54-4153
SOCIAL SECURITY NUMBER

CORPORATIONS
DIVISION

12-16-05
HIRE DATE

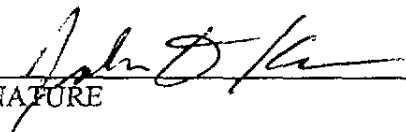
Please indicate below all state agencies where you were previously employed. **Do not include O.P.S. or Contract employment.**

AGENCY

DATE(S) OF EMPLOYMENT

_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

_____ Check here if 'none'


SIGNATURE

02-01-06
DATE

CC: Attendance and Leave

.

DEPARTMENT OF STATE CERTIFICATION OF PRIOR STATE SERVICE

NAME

PRIOR NAME

SOCIAL SECURITY NUMBER

DIVISION

HIRE DATE

Please indicate below all state agencies where you were previously employed. **Do not include O.P.S. or Contract employment.**

AGENCY

DATE(S) OF EMPLOYMENT

_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

_____ Check here if 'none'

SIGNATURE

DATE

CC: Attendance and Leave