## L04000042899

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600247565166

05/20/13--01017--004 \*\*25.00

FILED

1011 HAY 20 FN 2: 52

SECRETARY OF STATE OR 10 A

N. Cultigram MAY O & STORE

## **COVER LETTER**

<ul> <li>Division of Corp</li> </ul>	orations		
SUBJECT:	Cafe Carpo Name of Limite	2 Diem LL ed Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Ze'Shre	Ca Carter Name of Person	
	Late Co	Firm/Company	<u> </u>
	<u>408 N</u>	Tremain St Address	<del></del>
	Mount Zecarte E-mail address: (to	City/State and Zip Code  Code  Code  Code  Code  Code  Code	
For further information co	ncerning this matter, please ca	ill:	
Name of	Person	at <u>352</u> ) <u>455</u> – Area Code & Daytime Te	4915 Elephone Number
Enclosed is a check for the	e 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

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

FILED

ARTICLES OF ORGANIZATION 2013 HAY 20 PM 2: 52

**OF** 

SECRETARY OF STATE

Col Co-00	Dun	TALLAHASSEE, FLORIDA
(Name of the Limited Liabili	ity Company as it n a Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Florida document number LOHOOH289	Company were file	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line.  The Sypoty  The new name must be distinguishable and end with the way.  "L.L.C."	Fox Kitch	en Emporium LLC lity Company, the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	And the state of t
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ress on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		Enter Florida street address
		, Florida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
	no changes		Add
			_
			<u>.</u>
<del></del>	<del></del>		Add
			Remove
			<del></del>
<u> </u>			Add
			Remove
			<u> </u>
<del></del>			Add
			Remove
			_
		•	Add
			Remove
			<del></del>
<u></u>			Add
			Remove

. If a	mending any	other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	·m		
ated_	71/ay	16	<u>Jp/3_</u> .
		Sign	ngure of a member or authorized representative of a member
			Ze' Carter
			Typed or printed name of signee
			Page 3 of 3
		V	Filing Fee: \$25.00

