

L05000031601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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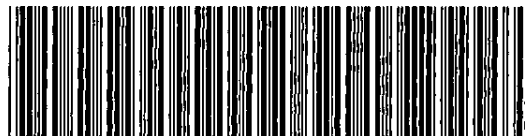
(Business Entity Name)

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DIVISION OF CORPORATIONS  
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J. BRYAN

APR 23 2008

EXAMINER

# HELMSING, LEACH, HERLONG, NEWMAN & ROUSE

A PROFESSIONAL CORPORATION

LAWYERS

150 GOVERNMENT STREET  
MOBILE, ALABAMA

April 16, 2008

FREDERICK G. HELMSING \*  
JOHN N. LEACH  
WARREN C. HERLONG, JR.  
JAMES B. NEWMAN  
ROBERT H. ROUSE  
JOSEPH P. H. BABINGTON \*\*  
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\* ALSO ADMITTED IN FLORIDA  
\*\* ALSO ADMITTED IN LOUISIANA  
† ALSO ADMITTED IN NEW YORK  
‡ ALSO ADMITTED IN MISSISSIPPI

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Articles of Amendment to Articles of Organization of  
Destin Harbor Grille, LLC  
HLHN&R File No. 07701**

To Whom It May Concern:

Enclosed please find the required cover letter, Helmsing, Leach, Herlong, Newman & Rouse Check No. 91035 made payable to the Florida Department of State in the amount of \$25.00 and the above-referenced Articles of Amendment changing the name of Destin Harbor Grille, LLC to Zampieri's Harbor Grille, LLC. Please file said Articles at your earliest convenience.

If you need any additional information to process this request, do not hesitate to contact me.

With best regards.

Yours very truly,



LESLIE G. WEEKS

Enclosures

07701/C/FL Dept. of State  
Doc#165200

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## COVER LETTER

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

SUBJECT: DESTIN HARBOR GRILLE, 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:

LESLIE G. WEEKS

(Name of Person)

HELMSING, LEACH, HERLONG, NEWMAN & ROUSE, P.C.

(Firm/Company)

P.O. BOX 2767

(Address)

MOBILE, ALABAMA 36652

(City/State and Zip Code)

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For further information concerning this matter, please call:

LESLIE G. WEEKS

(Name of Person)

at ( 251 ) 432-5521

(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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 2

**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:**

**MGR = Manager**

**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM ROWLAND	702 Winding Bend Circle Highland Village, Texas 75077	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

*Leslie G. Weeks*

Signature of a member or authorized representative of a member

LESLIE G. WEEKS, Attorney for Michael Zampini, III

Typed or printed name of signee

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