

**L05000039081**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

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Account Name : BOWEN, RADSON, SCHROTH, P.A.  
Account Number : I20010000026  
Phone : (352)589-1414  
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Email Address: thecubanplace@gmail.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAFE' GIANNI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2014 APR 28 AM 8:04

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cafe Gianni, LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 28, 2005 and assigned Florida document number L05000039081.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3839 Bayshore Circle

(Principal office address MUST BE A STREET ADDRESS)

Tavares, FL 32778

Enter new mailing address, if applicable:

3839 Bayshore Circle

(Mailing address MAY BE A POST OFFICE BOX)

Tavares, FL 32778

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Yadira Ramos

New Registered Office Address:

3839 Bayshore Circle

Enter Florida street address

Tavares

City

Florida 32778

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.*

Yadira Ramos  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Gianni Liverotti</u>	<u>31 East Magnolia Avenue</u>	<input type="checkbox"/> Add
		<u>Eustis, FL 32726</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Yadira Ramos</u>	<u>3839 Bayshore Circle</u>	<input type="checkbox"/> Add
		<u>Tavares, FL 32778</u>	<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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 9, 2014



Signature of a member or authorized representative of a member

Yadira Ramos

Typed or printed name of signer

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