

L 060000 14556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

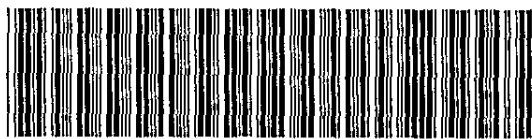
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800067083358

08/02/06--00015 -0001 000000

06 MAR -8 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

W 3/10/06

31



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CNK Beverage Pit Drive Thru 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:

Cres T. Vigil

(Name of Person)

CNK Beverage Pit Drive Thru LLC

(Firm/Company)

510 Magna Carta Way

(Address)

Tampa, Fl. 33613

(City/State and Zip Code)

FILED  
06 MAR -8 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cres Vigil

(Name of Person)

at ( 813 ) 846-6943

(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**

CNK Beverage Pit Drive Thru LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 2-9-06 and assigned  
document number L06000014556.

**SECOND:** This amendment is submitted to amend the following:

Add Cres T. Vigil to the Manager/Member Detail Section. Title of Manager.

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

**FILED**  
06 MAR -8 PM 5:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated March 1, 2006.



Signature of a member or authorized representative of a member

Cres T. Vigil

Typed or printed name of signee

**Filing Fee: \$25.00**