

L06000067193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

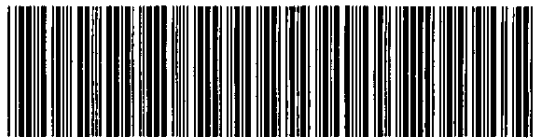
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900137128169

10/24/08--01011--026 **60.00

FILED

2008 NOV - 3 A 11: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV - 4 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AROMA CAFE & BAR 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:

CARLINE MAURICE

(Name of Person)

(Firm/Company)

PO BOX 610603

(Address)

POMPANO BEACH, FL 33061

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLINE MAURICE at (954) 638-2705
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 NOV -3 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 27, 2008

CARLINE MAURICE
P O BOX 610603
POMPANO BEACH, FL 33061

SUBJECT: AROMA CAFE & BAR LLC
Ref. Number: L06000067193

We have received your document for AROMA CAFE & BAR LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00055142

FILED

2008 NOV -3 A 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AROMA CAFE & BAR 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 07/05/2006 and assigned
Florida document number L06000067193.

This amendment is submitted to amend the following:

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

AROMA CAFE & LOUNGE, LLC

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:

2333 HOLLYWOOD BLVD

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33020

Enter new mailing address, if applicable:

PO BOX 610603

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH, FL 33061

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:

CARLINE MAURICE

New Registered Office Address:

2333 HOLLYWOOD, BLVD

(Enter Florida street address)

HOLLYWOOD

(City)

Florida 33020

(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, 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>
MGRM	MAURICE EXAVIER	2333 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAM MERISIER	2333 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MURETTE LAGUERRE	2333 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAVIT MERGUI	13436 NW 6TH DRIVE PLANTATION, FL 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YARON MERGUI	2333 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CARLINE MAURICE	PO BOX 610603 POMPANO BEACH, FL 33061	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 30

2008

Signature of a member or authorized representative of a member

CARLINE MAURICE

Typed or printed name of signer

2008 NOV - 3 A 11: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED