# L07000054588

(Re	equestor's Name)		
(Ad	ldress)		
. (Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)	)	
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
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	<del></del>		

Office Use Only



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04/29/09--01035--037 \*\*25.00

FILED
2009 APR 29 PH 1: 04
SECRETARY OF STATE
ANALYSEE, FLORIDA

C. LEWIS

APR 3 0 2009

EXAMINER

## COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	Southland Co	afe, ((c,	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	•
	dence concerning this matter t	_	
	Southlan	d Cofe (CC. (Firm/Company)	DBA Ciscos
	7760 w	oindbreak rd (Address)	·
	adando	(City/State and Zip Code)	
For further information co	ncerning this matter, please ca	at (321) 442 -  (Area Code & Daytime Te	6691 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 (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

FILED

2009 APR 29 PM 1: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Southland	2 cafe	e ille.	TALLAF	IASSEE, FLORIDA
(Name of the Limited Liab (A Flor			on our records.)	<del>-</del>
The Articles of Organization for this Limited Liabili	ity Company w 54.58		5/23/07	and assigned
This amendment is submitted to amend the followin	g;			
A. If amending name, enter the new name of the	limited liabili	ty company here:	•	
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Company	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	:	2300	Jetport	DY.
(Principal office address MUST BE A STREET A	DDRESS)	orlay	rdo, FL	- 3960d Dr.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u>K)</u>	7760 Ovlan	windk do FC	32819
		- · · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on ou	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Ci	5005		
New Registered Office Address:	3300	Jetport (Ente	DV er Florida street ac	ldress)
	evlan	do (City)	, Florida	32409 (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	(0.9)		(Lip Colley)

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> Fitle</u>	<u>Name</u>	Address	Type of Action
Mgc.	Gilberto Ferrar	9/20 windjammer Ln Orlando itel 32819	Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
		•	_
Dated	1/20/09	-	<del></del>
-		or authorized representative of a member	FILED 200 APR 29 PM SECRETARSEE.FI
-	Francisc Typed o	r printed name of signee	P P
	Fil	Page 2 of 2 ing Fee: \$25.00	PM 1: 05