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DIVISION OF CORPORATIONS

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	Registration Section Division of Corporations		•		
SUBJEC [*]	Г:	Bizaare	Avenue Cafe LLC		
		Name of Li	mited Liability Company		
The enclo	sed Articles of Amendmen	t and fee(s) are s	submitted for filing.		
Please ret	urn all correspondence con	cerning this mat	ter to the following:		
			Debra E Leonard		
			Bizaare Ave Cafe LLC Firm/Company		
			921 Lake Ave		
			Address		
		La	ake Worth, Florida 3346	60	
		<u> </u>	City/State and Zip Code		
	···	E-mail address	debleonard@aol.com	ort notificati	on)
For furthe	r information concerning th	is matter, please	e call:		
	Debra E Leoi	nard	at ()		2-4252 lephone Number
		amount: Filing Fee & ficate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	nċlosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	n ations	STREET/C Registration Division of Clifton Buil 2661 Execu Tallahassee	n Section Corporatio Iding tive Center	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2011

DEBRA E LEONARD 921 LAKE AVENUE LAKE WORTH, FL 33460

SUBJECT: BIZAARE AVENUE CAFE, L.L.C. Ref. Number: L07000085271

We have received your document for BIZAARE AVENUE CAFE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (1) of the Amendment form. I am enclosing form.

Please return 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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 411A00012872

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ARTICLES	S OF AMENDME TO	NT	DIVISION OF	LED YOF STATE
ARTICLES	OF ORGANIZAT OF	ION	11 JUN -1	AN QI 16
Bizaque Avenu (Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	ars on our rec	cords.)	_
The Articles of Organization for this Limited Liability Constrained Florida document number <u>LD7000852</u>	ompany were filed on) (8/20	2007 and	1 assigned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company he	re:		
The new name must be distinguishable and end with the worn "L.L.C."	ds "Limited Liability Comp	pany," the desi	ignation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	,		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				,
B. If amending the registered agent and/or registregistered agent and/or the new registered office addr		our records	s, <u>enter the nan</u>	ne of the new
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida .	street address	
	· · · · · · · · · · · · · · · · · · ·	, Fl	lorida	<u> </u>
	City		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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

.

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Debra E Leonard	229 E 63rd Street Apt 6P New York, NY 10065	Add Remove
			Add Remove
			_ Add _ Remove
			Add Remove
	- <u></u>		Add Remove
			Add Remove
D. If amendin 	g any other information, enter change(s) here: (Attach additional sheets, if nečessary.)	DIVISION OF COM
 Dated	05/16/2011 , 	it yely	AM REPORTATIONS
_	Signature of a member or	authorized representative of a member	
		nito A Meluzio printed name of signee	
		Page 2 of 2	

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Filing Fee: \$25.00