

Apr 28 10 04:53p

Division of Corporations

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LD7000089773

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-5383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION
Account Number : 120010000146
Phone : (407) 571-3900
Fax Number : (407) 571-4390

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lori1@fullsail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPRING CREEK CAFE, LLC**

Certificate of Status	1
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Page Count	04
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04

C. LEWIS

APR 29 2010

EXAMINER

RECEIVED

10 APR 28 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Spring Creek Cafe, 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:

Lori Ann Linn

Name of Person

Haddock Professional Association

Firm/Company

3300 University Blvd., Suite 218

Address

Winter Park, Florida 32792

City/State and Zip Code

loril@fullsail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Linn

Name of Person

at (407)

571-3908

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

FILED^{p.3}

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2010 APR 28 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPRING CREEK CAFE, 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 August 31, 2007 and assigned
Florida document number L07000089773.

This amendment is submitted to amend the following:

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

TRUST GENERAL STORE AND CAFE, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

Dated April 27, 2010

Signature of a member or authorized representative of a member

J. Brock McClane

Typed or printed name of signee

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Filing Fee: \$25.00

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2010 APR 28 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA