LOT 0000/08605

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SECRETARY DE STATE

T. CLINE

APR 15 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Three Layers A Coffee House 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:	
Shawn M McGuire	
(Name of Person)	
Three Layers A Coffee House LLC	
(Firm/Company)	
1606 Walnut Street	
(Address)	
Jacksonville, Florida 32206	
(City/State and Zip Code)	7.0
For further information concerning this matter, please call:	2008 APR IL PHI2: 53 SECRETARY OF STATE TALLAHASSEE. FLORID
Shawn M McGuire at (904) 355-9791	SSE
(Name of Person) (Area Code & Daytime Telephone Number)	PM 12: 5 OF STATE E. FLOR
Enclosed is a check for the following amount:	5E 33
(additional copy is enclosed) Certified (e of Status &

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

Three Layers Cafe LLC			
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on or	ur records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on October	25, 2007 and assigned	
Florida document number <u>L07000108605</u>	.		
This amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
Three Layers A Coffee House LLC			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," th	e designation "LLC" or the abbreviation	n
		20 TA	
B. If amending the registered agent and/or	registered office address on our re-	rin 53 cords, enter the Glame of the new	
registered agent and/or the new registered offic		PR	
		s≥ - s	,
		SEX F	
Name of New Registered Agent:			į
Name of New Registered Agent.			Ī
New Registered Office Address:		골프 5	
	(Enter Fl	orida street address) w	
		, Florida	
	(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.

(H Changing Registered Agent) Signature of New Registered Agent)

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

MGR = Ma $MGRM = N$	nager ⁄Ianaging Member		r
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add
			Add Respore
			APR Ade APR Ade APR ASSEE BRemeye
			F STATION TO Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	ary.)
_			
Dated			
	Shaw Signature of a member	n M McGuire	
	Shav	vn M McGuire d or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00