

LO7000108605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

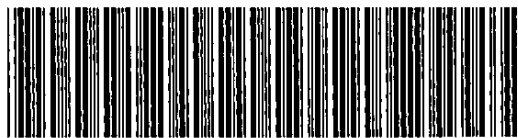
(Business Entity Name)

(Document Number)

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12 MAY 17 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 18 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THREE LAYERS 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:

CHEVRON GREEN

Name of Person

THREE LAYERS CAFE LLC

Firm/Company

1602 WALNUT ST.

Address

JACKSONVILLE, FL 32206

City/State and Zip Code

THREELAYERSMANAGER@GMAIL.COM

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

For further information concerning this matter, please call:

CHEVRON GREEN

Name of Person

at (904) 355-9791

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

N/A ☒ \$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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THREE LAYERS 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 10/25/2007 and assigned  
Florida document number LO7000108605

This amendment is submitted to amend the following:

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

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)

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**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:

CHEVRON GREEN

New Registered Office Address:

1602 WALNUT ST.

Enter Florida street address

JACKSONVILLE

, Florida

32206

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.

Cherron Green

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>
<u>MGRM</u>	<u>SHAWN MCGUIRE</u>	<u>1602 WALNUT ST</u> <u>JACKSONVILLE FL</u> <u>32206</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>JEFFERY WIGATA</u>	<u>1602 WALNUT ST</u> <u>JACKSONVILLE FL</u> <u>32206</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Chevron Green</u>	<u>1602 Walnut St.</u> <u>Jacksonville, FL</u> <u>32206</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Cheikh Mbaup</u>	<u>1602 Walnut St.</u> <u>Jacksonville, FL</u> <u>32206</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Niren K. Shah</u>	<u>1602 Walnut St.</u> <u>Jacksonville, FL</u> <u>32206</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Percentage of ownership:  
Chevron Green 35%  
Cheikh Mbaup 32.5%  
Niren K. Shah 32.5%

Dated May 14, 2012

  
Signature of a member or authorized representative of a member

SHAWN MCGUIRE  
Typed or printed name of signee

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