

L08000022787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

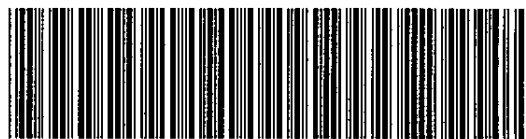
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

NOV 24 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Flip Flops Grill & Chill  
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:

SCOTT LEWITT  
Name of Person

Flip Flops Grill & Chill  
Firm/Company

725 EAST THIRD AVE  
Address

NEW SMYRNA BEACH, FL. 32169  
City/State and Zip Code

FlipFlopsgrill@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT LEWITT at (386) 837-9111  
Name of Person 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

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

Flip Flops Grill & Chill, 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 03/04/2008 and assigned  
Florida document number L08000022787

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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)

725 EAST Third Ave  
New Smyrna Beach, FL  
32169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

725 EAST Third Ave  
New Smyrna Beach, FL  
32169

**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:

Scott Lewitt

New Registered Office Address:

1550 Wyngate Dr

*Enter Florida street address*

DeLand

*City*

, Florida

32724

*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>
<u>MBR</u>	<u>SCOTT LEWITT</u>	<u>1550 WYNGALE DR.</u> <u>DELAND FL. 32724</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>ANTONIO HUERTA</u>	<u>380 CREEKSTONE CT.</u> <u>LONGWOOD, FL. 32779</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>MELISSA HUERTA</u>	<u>380 CREEKSTONE CT.</u> <u>LONGWOOD, FL. 32779</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>MICHAEL MOSER SR</u>	<u>2239 ABEAMS ROAD</u> <u>EUSTIS, FL. 32726</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>CHRISTINE MOSER</u>	<u>2239 ABEAMS ROAD</u> <u>EUSTIS, FL. 32726</u>	<input type="checkbox"/> Add <input checked="" 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.)

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Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

SCOTT LEWITT  
Typed or printed name of signee