

Division of Corporations

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## Florida Department of State

Division of Corporations  
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**L08000031837****Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : I20070000037  
Phone : (954) 752-4553  
Fax Number : (954) 752-4522**FILED**  
08 JUL 29 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****ELITE BARTENDING SCHOOL, LLC**

Certificate of Status	0
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**D. BRUCE**

JUL 30 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/28/2008 17:28 FAX

002/004

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ELITE BARTENDING SCHOOL, 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:

NEIL EAGERTON  
(Name of Person)

ELITE BARTENDING SCHOOL, LLC.  
(Firm/Company)

P.O. BOX 190521  
(Address)

MIAMI, FL - 33119  
(City/State and Zip Code)

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For further information concerning this matter, please call:

PAULO OLIVEIRA at ( 954 ) 752-4553  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ELITE BARTENDING SCHOOL, 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 03/28/2008 and assigned  
Florida document number L08000031837

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:

New Registered Office Address:

*(Enter Florida street address)*

\_\_\_\_\_, 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.*

(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

Title	Name	Address	Type of Action
MGR	Julia M Ojeda	4777 SW 4th Street Miami, FL - 33119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Yandy Roman	4777 SW 4th Street Miami, FL - 33119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Thomas Neal Hesselbein	P.O. BOX 180521 Miami, FL - 33119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

N/A

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated July 24th, 2008

Signature of a member or authorized representative of a member

Paulo Oliveira, E.A.

Typed or printed name of signer

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Filing Fee: \$25.00