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D. BRUCE

NOV 23 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LaBadee Nightclub 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:

ED Estriplet  
Name of Person

\_\_\_\_\_  
Firm/Company

43 South Pompano Parkway #315  
Address

Pompano Bch, FL 33069  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ed Estriplet at (954) 699-9627  
Name of Person Area Code & Daytime Telephone Number

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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**

Labadee Nightclub 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 07/31/2008 and assigned Florida document number L08000073769.

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)

4322 N. State Rd 7  
Lauderdale Lakes, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4322 N. State Rd 7  
Lauderdale Lakes, FL 33319

**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:

Ed. Estriplet Jr.  
43 South Pompano Parkway  
Pompano Beach, Florida 33069  
City Zip Code

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**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.

x Marie Llyssie  
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	Marie M. Ulysee	11233 NW 34 <sup>th</sup> Place	<input type="checkbox"/> Add
		Coral Springs FL 33065	<input checked="" type="checkbox"/> Remove
MGRM	Ed Estriple	43 South Pompano Parkway	<input type="checkbox"/> Add
		# 315	<input type="checkbox"/> Remove
		Pompano Bch, FL 33069	
			<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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Dated \_\_\_\_\_

Marie Ulysee  
Signature of a member or authorized representative of a member

Marie Ulysee  
Typed or printed name of signer