## 108000088416

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EXAMINER

## **COVER LETTER**

**Division of Corporations** Wahoo Restaurant Associates, LLC SUBJECT: 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: Gail A. Byrne Name of Person Firm/Company 11620 7 Street E. Address Treasure Island, Florida 33706 City/State and Zip Code gailabyrne@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 804-7177 Gail Byrne Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **▼**\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**Registration Section** 

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

Wahoo Resta	urant Associates,	LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appear mited Liability Company)	<u>'s on our records.</u> )		
The Articles of Organization for this Limited Liability Con	mpany were filed on	9/16/2008	and assigned	
Florida document numberL08000088416				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :		
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation	
			Tura Co	
Enter new principal offices address, if applicable:		.5		
<u>(Principal office address MUST BE A STREET ADDRI</u>	ESS)		<u>वै है ।</u>	
		388	20	
		į મેં	2 29 770	
Enter new mailing address, if applicable:		7.		
(Mailing address MAY BE A POST OFFICE BOX)		N A C		
•		Ä	, <del>G</del>	
			1	
B. If amending the registered agent and/or registe	red office address on o	our records, enter t	the name of the new	
registered agent and/or the new registered office addre			· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address , Florida			
	City	, Fivi Ma	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 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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM_	Gail A. Byrne	11620 7 Street E. Treasure Island, Florida 33706	Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
····			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	09 AUG -3
		LORDA	-3 PH 3: 08  ARY OF STATE SSEF
Dated	July 30, 20	09. O. Burne	The state of the s
	Signature of a member	or printed name of signed	

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Filing Fee: \$25.00