

L08000105L5L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

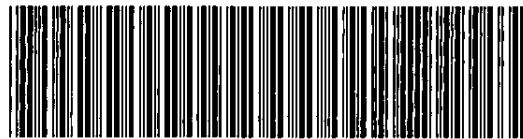
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G. MCLEOD

JUL 13 2011

EXAMINER



200209833322

07/12/11--01012--004 **25.00

FILED
11 JUL 12 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEWBERRY'S DELI & GRILL, 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:

Wayne P. Castello, Attorney

Name of Person

Firm/Company

2772 N. W. 43rd Street, Suite W

Address

Gainesville, FL 32606-7434

City/State and Zip Code

grandysofgville@bellsouth.net

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

For further information concerning this matter, please call:

Wayne P. Castello

Name of Person

at (352) 377-4422

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**

NEWBERRY'S DELI & GRILL, 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 11/13/2008 and assigned
Florida document number L08000105656.

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)

3401 W. University Avenue

Gainesville, FL 32607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3401 W. University Avenue

Gainesville, FL 32607

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JUL 12 AM 11:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

David A. Miles

New Registered Office Address:

3401 W. University Avenue

Enter Florida street address

Gainesville

Florida

32607

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.

David A. Miles
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:

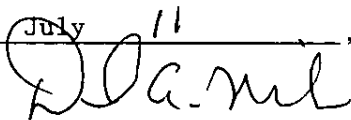
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID A. MILES	3401 W. UNIVERSITY AVENUE GAINESVILLE, FL 32607	☒ Add ☐ Remove
MGR	GARY KUMIKA	102 N. W. 250TH STREET NEWBERRY, FL 32669	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated July 11, 2011.



Signature of a member or authorized representative of a member

David A. Miles

Typed or printed name of signee