

LO8000116556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO8-116556

(Document Number)

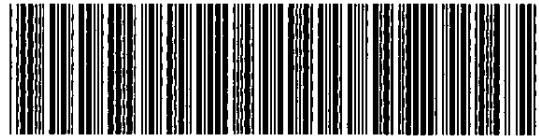
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Process refund on  
Balance.

10.00

Office Use Only



400144386554

02/26/09--01013--024 \*\*35.00

FILED  
09 MAR 16 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 17 2009

EXAMINER

S. HAWKES

EXAMINER



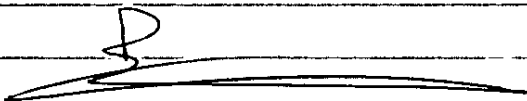
March 10<sup>th</sup>, 2009

Subject : Refund request  
Ref #: L08000116556

Please issue \$10.00 refund to Slim Albando's  
PhillySteak LLC.

Thank you

Dorra A. Bonthron

A handwritten signature, likely of Dorra A. Bonthron, consisting of a stylized 'D' followed by a horizontal line.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2009

ZAKARIA LAALAMI  
10700 NTH 56TH STREET  
TAMPA, FL 33617

SUBJECT: SLIM ORLANDO'S PHILLYSTEAK LLC  
Ref. Number: L08000116556

We have received your document for SLIM ORLANDO'S PHILLYSTEAK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 809A00007147

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION: Slim Orlando's Phillysteak** ■

**DOCUMENT NUMBER: L08000116556** ■

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ZAKARIA LAALAMI**

*(Name of Contact Person)*

**Slim Orlando's Phillysteak**

*(Firm/ Company)*

**10700 Nth 56th street**

*(Address)*

**TAMPA, FLORIDA. 33617**

*(City/ State and Zip Code)*

For further information concerning this matter, please call:

**ZAKARIA LAALAMI**

*(Name of Contact Person)*

at ( 813 ) 362-4427

*(Area Code & Daytime Telephone Number)*

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

**Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address**

**Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SLIM ORLANDO'S PHILLYSTEAK 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 12/23/2008 and assigned  
Florida document number L08000116556

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The PhillySTEAK and Gyro shop LLC

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)

10700 Nth 56th street  
Tampa, FL 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10700 Nth 56th street  
Tampa, FL 33617

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:

N/A

New Registered Office Address:

N/A

(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

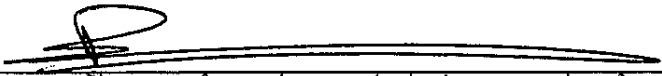
Title	Name	Address	Type of Action
/			<input type="checkbox"/> Add <input type="checkbox"/> Remove
/			<input type="checkbox"/> Add <input type="checkbox"/> Remove
/			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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/			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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APR 16 AM 10:07  
SECRETARY OF STATE  
TALAMON'S ELECTORAL

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

N/A

Dated 03/10, 2009

  
Signature of a member or authorized representative of a member  
DORRA A. BOUTHOUR  
Typed or printed name of signee