L090000013991

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Decument Number)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

JAN 16 2009

EXAMINER

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COVER LETTER

TO: Registration Sect Division of Corpo						
SUBJECT: CAFE DO	ON GIOVANNI, LLO		D			
SUBJECT:	(Name of Limited Liability Company)					
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Alexandru Stan					
_		(Name of Person)				
	Cafe Don Giovanni					
(Firm/Company)						
	5610 Gulf of Mexico Dr.					
		(Address)				
	Longboat Key, FL 34228					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
Alexander Otau		041 . 393 0013				
Alexandru Stan (Name of	Person)	at (941) 383-0013 (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

Don Giovanni of Longboat Key, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/06/2009	and assigned
Florida document number L09000001399		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CAFE DON GIOVANNI, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "I	LLC" or the abbreviation
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)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street ad E Florida :	dress)
	(City)	(Zip Code)"
New Registered Agent's Signature, if changing Registered Agent:		8.0
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p	ete performance of my duties, and I d	am familiar with and

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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address ☐ Add Remove Remove **■** Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated /-/3-09 Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Filing Fee: \$25.00