

(Requestor's Name)			
(Address)			
(Address)	<u></u>		
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
FALLAHASSEE, FLORID

D. BRUCE

MAY 0 4 2009

EXAMINER

COVER LETTER

Division of Corp	orations		
SURJECT: Taylor S	treet Restaurant, L	LC	в
Soldier.			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jason Daly		
		(Name of Person)	
	Taylor Street Restaurant	, LLC	
	, C		
	14 Harbour Isle West uni	it 102	99 SEC
(Address)		AR A	
	Ft. Pierce, FL 34949		- I
	1.110100,12.04040	(City/State and Zip Code)	ma a in
For further information co	ncerning this matter, please ca	all:	D 2: 40 STATE LORIDA
Jason Daly		at (772 ₎ 873-5522	-
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Taylor Street Restaurant, LLC		wasa wila)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	ecorus.)	
The Articles of Organization for this Limited Liability Company Florida document number L09000002724	were filed on Jan 9,	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
N/A			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A	TAS	
(Principal office address MUST BE A STREET ADDRESS)		P AH	
		ASS	
	N/A		
Enter new mailing address, if applicable:	11//		
(Mailing address MAY BE A POST OFFICE BOX)		TATE ORDA	
		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	(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 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>	Name	Address	Type of Action
MGRM	Patrick M. Daly	5318 East 2nd Street Unit #803 Long Beach, CA 90803	Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
	**************************************		Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessar	MAY - 1
		SO A	P P P
Dated April 28	, 2009	•	
-	Jason Daly	or authorized representative of a member	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00