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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUL 22 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TAYLOR Street Prestaurant, 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:	
PATRICIL DALY Name of Person	
TAYIDR Street Restaurantille	
21950 Port St Lucie Blud.	
	in =
For further information concerning this matter, please call:	
PATRICIL DAIL  at (TT2) 873-5522  Name of Person  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:  \$\sum_{\text{\$\subset}}\$25.00 Filing Fee \text{\text{\$\subset}}\$30.00 Filing Fee \text{\text{\$\subset}}\$ \text{\text{\$\subset}}\$\$55.00 Filing Fee \text{\text{\$\subset}}\$\$ Certificate of Status \text{\text{\$\cute{C}}}\$\$ Certificate of Status \text{\text{\$\cute{C}}}\$\$ 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

	J TOASUATE	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number \( \begin{align*} \leftarrow \text{\text{\text{-Odd}}} \\ \text{\text{-Odd}} \\ \text{\text{-Odd}} \\ \text{\text{-Odd}} \\ \text{\text{-Odd}} \\ \text{\text{-Odd}} \\ \text{-Odd} \\ \text	were filed on $\underline{\underline{\sum}}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
MIA		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	SEC ALL
(Principal office address MUST BE A STREET ADDRESS)		AR F
		Z-P SSE SSE
Enter new mailing address, if applicable:	NIA	OF STA
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
	Linei Pioi	
	City	_, Florida 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> Address **Type of Action** ☐ Add Remove Add 🔲 Remove ☐ Add Remove Remove  $\prod Add$ Remove \_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

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

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee