

L09000025127

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 24 AM 2:08

T. HAMPTON

MAY 25 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LUIGI'S Italian Restaurant, 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:

ROBERT CASASSA, Esquire  
Name of Person  
ROBERT CASASSA, P.A.  
Firm/Company  
8062 North 56th Street  
Address  
Tampa, FL 33617  
City/State and Zip Code  
casalaw@verizon.net  
E-mail address: (to be used for future Annual report notification)

For further information concerning this matter, please call:

ROBERT CASASSA at 813-980-3535  
Name of Person 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

Luigi's Italian Restaurant, 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 3/13/2009 and assigned  
Florida document number L09000025127

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DIVISION OF CORPORATIONS  
10 MAY 24 AM 2:03

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

LIENG VAN ONG

New Registered Office Address:

40 Luigi's Italian Restaurant  
3324 West Gandy Blvd. #3

Enter Florida street address

Tampa  
City

, Florida 33611  
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.

[Signature]  
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
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MGR	VUONG, MINH	7206 N. CLARK AVE Tampa, FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	LIENG VAN ONG	7206 N. CLARK AVE. Tampa, FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	DU, MY H	7206 N. CLARK AVE Tampa, FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	Du, MY H	7206 N. CLARK AVE Tampa, FL 33614 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

May 19, 2010

Signature of a member or authorized representative of a member

Minh VUONG

Typed or printed name of signee

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