## 109000037468

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructio	ns to Filing Officer:
	A. LUNT

MAY 1 2 2009

**EXAMINER** 

Office Use Only



200155733792

05/11/09--01006--015 \*\*25.00

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: GE	TAWM CAFE, L	LC.		
•	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Donker			
	CAFE	Name of Person  GETAWH, LLC		2009 HAY SECRETALLAHA
		Firm/Company		Y II
	172	4 Lidwood Circu	£	PH SEE. F
	Cu	ARWATER, FL 337	155	PH 3: 13 Y OF STATE SEE, FLORIDA
		City/State and Zip Code		
115.1 115.1	IAKLES	siieamu-USA, C	om	
	and the first of the second		ion) York	
ror further information	concerning this matter, please of	all:		
HARRY H	CABB CAA	at (727) 796-24 Area Code & Daytime Te	elephone 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 Fe Certificate of S Certified Copy (additional cop	Status & '
Regisi Divisi	ING ADDRESS: ration Section on of Corporations ox 6327	Division of Corporation	ons	
Tallah	assee, FL 32314	2661 Executive Center Tallahassee, FL 32301	r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>GETAWAY CAFE</u>	Lic		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed on APRI	L 17, 200 1 and assigned	
Florida document number LØ9ØØØ 37468			
This amendment is submitted to amend the following:		2009 HAY SECRET	
A. If amending name, enter the new name of the limited lia	bility company here:	, AH	
CHE GETHWAY, LLC		ASS	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," the		
Enter new principal offices address, if applicable:	NOT APPL	CABLE SS 4	
(Principal office address MUST BE A STREET ADDRESS)		DE W	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	NOT APPL	ICABLE	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		cords, enter the name of the new	
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:

1

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** <u>Address</u> **Type of Action** <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove  $\Box$ 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