

W9000040576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

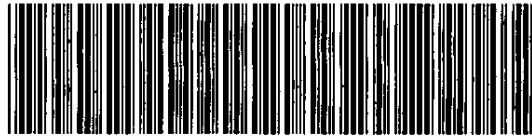
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800161445478

10/09/09--01010--016 \*\*55.00

FILED

2009 OCT -9 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 12 2009

EXAMINER

**SUSANNE D. McCABE, P.A.**

**McCABE LAW FIRM**

**900 N. SWALLOWTAIL DRIVE, SUITE 101  
PORT ORANGE, FLORIDA 32129**

**SUSANNE D. McCABE  
PHILIP F. BONUS, OF COUNSEL**

**BUSINESS: 386-761-3008  
FAX: 386-761-8680**

**EMAIL: SDM@MCCABELAWOFFICE.COM**

October 6, 2009

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Luna Bella Ristorante, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Amendment to the Luna Bella Ristorante, LLC. Also enclosed is our firm's check in the amount of \$55.00 to cover your filing fee and our request for a certified copy of the Article of Amendment. I have also enclosed an additional copy of the Amendment for the certified copy.

I have enclosed a self-addressed stamped envelope for the return of the certified copy.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Christine E. Swanson  
Legal Assistant

Enclosures

FILED  
OCT -9 AM 10:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LUNA BELLA RISTORANTE, 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:

Catalin Bratu

Name of Person

Luna Bella Ristorante, LLC

Firm/Company

424 Luna Bella Lane, Unit #111

Address

New Smyrna Beach, Florida 32168

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susanne D. McCabe, Esquire

Name of Person

at ( 386 )

761-3008

Area Code & Daytime Telephone Number

2009 OCT -9 AM 10:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

**LUNA BELLA RISTORANTE, 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 April 28, 2009 and assigned  
Florida document number L09000040576.

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:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mark J. Tweedy	424 Luna Bella Lane, #317 New Smyrna Beach, Florida 32168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sandra J. Tweedy	424 Luna Bella Lane, #317 New Smyrna Beach, Florida 32168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

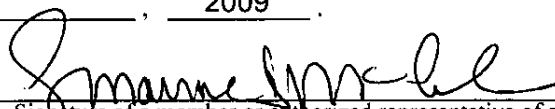
2009 OCT -9 AM 10:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated October 6, 2009



Signature of a member or authorized representative of a member

Susanne D. McCabe, Esquire

Typed or printed name of signee