L6900041328

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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Bay Cafe LLC Name of Kirnited Liability Company						
•	Name of Identited Liability Company					
	, • • •					
The end	losed Articles of Amendment and fee(s) are submitted for filing.					
Please r	eturn all correspondence concerning this matter to the following:					
	Richard Stewart Name of Person					
	Name of Person					
	Ginja Bay Cafe LLC					
	3106 Areca Cr					
	Address					
	Tampa FL 33618 City/State and Zip Code					
•	E-mail address: (to be used for future annual report notification)					
Ear furt	ner information concerning this matter, please call:					
roi ruru	ter information concerning this matter, please can:					
	Richard Stewart at (9/3) 263-6567 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:						
\$25. 0	Of Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Solution Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Solution Fee Scrifficate 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

Girja Bay Caf	e LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L090004132</u> 8	were filed on April 28, 2009 and assigned		
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2116 W. Busch Blud		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	-9 PM		
(Mailing address MAY BE A POST OFFICE BOX)	SALE SALE		
B. If amending the registered agent and/or registered off 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>	Name	Address	Type of Action
MGRM	Angella Tomboson	3106 Areca Cr Tampa, F1 33618	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
Dated	February 6, 2011.		
	Signature of a member	or or authorized representative of a member	
	Kicha	rd Stewart. I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00