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SECRETARY OF STATE TAIL AHASSEE, FLORID

THE D

M. THOMAS

AUG 1 2: 2009

**EXAMINER** 

## COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	ТАМРА В	AY BAGEL, LLC		
	Name of Limi	ted Liability Company		••
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Shyamie Dixit		_
		Name of Person		
Dixit & Karch, PA				
		Firm/Company		_
	6921 PIS	TOL RANGE RD, SUITE	103	7. 28
		Address		PEEG T
	TA	MPA, FLORIDA 33635	_	開場に
		City/State and Zip Code		
	E-mail address: ()	sdixit@dkfirm.com to be used for future annual report no	otification)	FF.S. HZ
For further information	concerning this matter, please c	•	onnounon)	FILED  2009 AUG 11 PH 12: 49  SECRETARY OF STATE A TALLAHASSEE, FLORIDA
	Shyamie Dixit	at ( 813 )	992-8118	
Name	of Person	Area Code & Day	time Telephone Numb	per
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)

#### MAILING ADDRESS:

· TO:

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

	A BAY BAGEL, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on July 30, 2009 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
ТАМРА ВАҮ	BAGEL COMPANY, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LLC" she abbreviation		
Enter new principal offices address, if applicable:	ARE US		
(Principal office address MUST BE A STREET ADL			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PR 12: 19 E. FLORIDA		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zin 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Damova
			□ Damassa
			□ Damova
			Add Remove
			TARRY Add Remove D
			Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets	, if necessary.)
_			
_			
Dated	August 4	, 2009	
		manie Jaxet	
	Signature	of a member or authorized representative of a mem	ber
		Attorney of Record, FL Bar Member Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00