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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EDWARD B. COHEN
MICHAEL I. KOTLER •
ALLAN H. SCHWARTZ
RONALD M. ZAKARIN ••

- ALSO ADMITTED IN
DISTRICT OF COLUMBIA
AND PENNSYLVANIA
- ALSO ADMITTED IN
DISTRICT OF COLUMBIA
AND NEW YORK

LAW OFFICES
SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER, P.A.
ATTORNEYS AT LAW
54 S.W. BOCA RATON BOULEVARD, BOCA RATON, FLORIDA 33432
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ESTABLISHED 1984

DAVID C. KOTLER
JAMIE MORRIS
PAULA GOLD (RETIRED)

November 4, 2009

Sent Via Certified Mail - 7008 1830 0001 0878 2830 -
Return Receipt Requested

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

Re: Organization of Renzo's Café BB, LLC
File Number 6-20-77

Dear Sir/Mam:

Enclosed please find our law firm's check in the amount of Twenty Five Dollars (\$25.00) for the filing of the enclosed Articles of Amendment to the Articles of Organization of the above referenced limited liability company. Please file the Articles of Amendment to the Articles of Organization and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,

Michael I. Kotler/jk

Michael I. Kotler

*Signed in Mr. Kotler's absence to
avoid delay*

Encl.
MIK/jk



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Renzo's Cafe BB, 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:

Michael I. Kotler, Esquire
Name of Person

Schwartz, Gold, Cohen, Zakarin & Kotler, P.A.
Firm/Company

54 S.W. Boca Raton Boulevard
Address

Boca Raton, Florida 33432
City/State and Zip Code

mkotler@sgczklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael I. Kotler, Esquire at (561) 361-9600
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Renzo's Cafe BB, 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 09/29/09 and assigned
Florida document number L09000094007.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Renzo's Cafe Pizzeria Sunrise, LLC

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:

5999 North Federal Highway

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, Florida 33487

Enter new mailing address, if applicable:

5999 North Federal Highway

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, Florida 33487

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

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

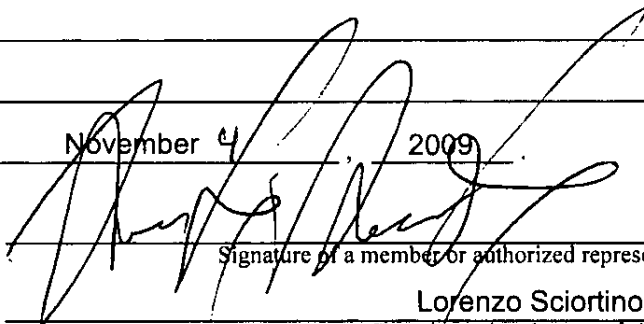
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____

November 4, 2009



Signature of a member or authorized representative of a member

Lorenzo Sciortino

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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