L09000106790

(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:						





600162671426

11/16/09--01027--020 **25.0

09 NOV 16 PH 2: 45

FILED SECRETARY OF STATE IVISION OF CORPORATIONS

T. HAMPTON

No.14 1 7 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE							
SUBJE							
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please i	return all correspon	ndence concerning this matter	to the following:				
			Paul Hamilton				
			Name of Person				
Firm/Company							
13672 88th Ave							
			Address				
	Hamilton@inbox.com E-mail address: (to be used for future annual report notification)						
For fur	ther information c	oncerning this matter, please co	-	nour cation)			
•		, , , , , , , , , , , , , , , , , , ,					
		ul Hamilton	at (727)	831-2754 ytime Telephone Number			
	Name of	Person	Area Code & Da	yume Telephone Number			
Enclose	ed is a check for th	e following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified C	of Status &		

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

	IDA DE CAFE	LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now a Limited Liability Comp	ppears on our records. any))	
The Articles of Organization for this Limited Liability	Company were filed or	November 4, 2	2009 and assig	ned
Florida document numberL09000106790	······•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability compan	<u>v here</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability (Company," the designation	on "LLC" or the abb	oreviation
Enter new principal offices address, if applicable:			09	SE
(Principal office address MUST BE A STREET ADD	RESS)		NO.	ORE CRE
				유물고
			70	
Enter new mailing address, if applicable:			x	POS
(Mailing address MAY BE A POST OFFICE BOX)				A A
Transity desired to the second			[(2 _j)	OX.S
B. If amending the registered agent and/or registered agent and/or the new registered office ad		on our records, <u>en</u>	ter the name of	the new
Name of New Registered Agent:				
New Registered Office Address:			4.	
		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>Address</u> **Type of Action** Name 1 MGR Kristy Williamson 13672 88th Ave ☐ Add √ Remove Seminole, FL 33776 MGR Paul Hamilton ✓ Add 13672 88th Ave Remove Seminole, FL 33776 _ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 13 2009 Dated ____ Signature of a member or authorized representative of a member Paul Hamilton

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee