

L100000003787

(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:

L. SELLERS

OCT 11 2010

EXAMINER

Office Use Only



800186389918

10/07/10--01009--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT -7 AM 11:37

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLICES CONCESSION 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:

JOSEPH T KEARNS

Name of Person

SLICES CONCESSION LLC

Firm/Company

2735 S.W. 35TH PLACE #1804

Address

GAINESVILLE, FL 32608

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSEPH T KEARNS

Name of Person

at (**954**)

604-2211

Area Code & Daytime Telephone Number

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**

SLICES CONCESSION 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 01/11/2010 and assigned
Florida document number L10000003787.

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: 2735 S.W. 35TH PLACE #1804
(Principal office address MUST BE A STREET ADDRESS) GAINESVILLE, FL 32608

Enter new mailing address, if applicable: 2735 S.W. 35TH PLACE #1804
(Mailing address MAY BE A POST OFFICE BOX) GAINESVILLE, FL 32608

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:	<u>JOSEPH T KEARNS</u>
New Registered Office Address:	<u>2735 S.W. 35TH PLACE #1804</u>
	Enter Florida street address:
	<u>GAINESVILLE</u> , Florida
	City
	<u>32608</u>
	Zip Code

FILED
10 OCT -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


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:

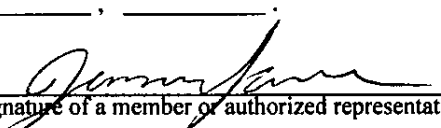
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HOE CHUEN LEONG	2811 S.W. ARCHER RD. Y228 GAINESVILLE FL 32608	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member

JOSEPH T KEARNS

Typed or printed name of signee