

L10000004895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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11 APR 29 AM 10:10
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY - 4 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARTESIAN CHEFS, LLCI
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRENE G. VELEZ
Name of Person

Firm/Company

1705 SOUTH FEDERAL HIGHWAY, SUITE A1-2
Address

DELRAY BEACH, FL 33483
City/State and Zip Code

IGRACHEL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE G. VELEZ at (**561**) **945-3313**
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

ARTESIAN CHEFS, 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 1/14/2010 and assigned Florida document number L10000004895.

This amendment is submitted to amend the following:

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

SUITE 1705 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:

IRENE G. VELEZ

(Principal office address MUST BE A STREET ADDRESS)

1705 S FEDERAL HIGHWAY, SUITE A1-2

DELRAY BEACH FL 33483

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

11 APR 29 AM 11:10
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

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

11 APR 29 AM 10:11
 FILED
 TALLAHASSEE, FLORIDA
 STATE
 SECRETARY

Dated APRIL 11, 2011

Irene G. Velez

Signature of a member or authorized representative of a member

IRENE G. VELEZ

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2011

IRENE G. VELEZ
1705 SOUTH FEDERAL HIGHWAY
SUITE A1-2
DELRAY BEACH, FL 33483

SUBJECT: ARTESIAN CHEFS, LLC
Ref. Number: L10000004895

We have received your document for ARTESIAN CHEFS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 411A00009097

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 APR 29 AM 10:11

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2011

ROSSANA I. VELEZ
1445 N. CONGRESS AVENUE
SUITE #8
DELRAY BEACH, FL 33484

SUBJECT: ARTESIAN CHEFS, LLC
Ref. Number: L10000004895

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 211A00010408

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314