

L10000019325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

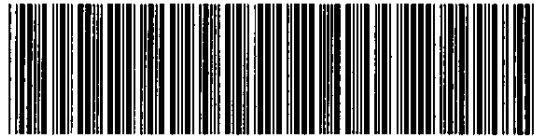
(Document Number)

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FILED  
10 MAR -9 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
FEB 26 2010  
EXAMINER

S. HAWKES

FEB 26 2010

EXAMINER





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2010

BARBARA LAMBERT  
3870 AMALFI DRIVE  
HOLLYWOOD, FL 33021

SUBJECT: ELEVATION BURGER 1 LLC  
Ref. Number: L10000019325

We have received your document for ELEVATION BURGER 1 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):

The attached form must be completed in order to file the document.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 910A00004938

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELEVATION BURGER 1 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:

BARBARA LAMBERT

Name of Person

JUSTIN-CRAIG LTD., INC.

Firm/Company

3870 AMALFI DRIVE

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

BARBARA.LAMBERT@GMAIL.COM

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

For further information concerning this matter, please call:

BARBARA LAMBERT

Name of Person

at ( 954 )

989-7693

Area Code & Daytime Telephone Number

786-586-3835

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**

**ELEVATION BURGER 1 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 2/19/2010 and assigned  
Florida document number L10000019325

This amendment is submitted to amend the following:

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

E B M 1, 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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>
MGRM	STEPHANE VANNIER DE LANGRE	3801 Collins Avenue Apt 1505 Miami Beach 33140 Florida	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated FEBRUARY 22nd, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
STEPHANE VANNIER DE LANGRE  
Typed or printed name of signee