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D. BRUCE
JUN 4 2010
EXAMINER

COVER LETTER

TO:

-Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corpo	orations				
SUBJECT: INDIA	ALANTIC SOUND	WAVE HOT DOG CAF	RT, LLC		
		nited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are su	bmitted for filing.			
Please return all correspond	lence concerning this matte	r to the following:			
	ALFONSO FOSTER				
		Name of Person			
	MY CAPITAL ACCOUNTING SERVICES, LLC				
		Firm/Company			
	927 E. NEW HAVEN SUITE 314				
		Address			77
	MELBOURNE, FL 32901		JUN -3		
	City/State and Zip Code			711	
	INFO@MY	CAPITALACCOUNTING.C	OM	PH LES 54 OF STATE	
	E-mail address:	to be used for future annual report notif	ication)	5	
For further information con-	cerning this matter, please	call:		D	
ALFON	SO FOSTER	at (321)	373-7417		
Name of Po		Area Code & Daytime			
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) Certified	e of Status &	ed)
MAILIN	G ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDIALANTIC SOUND WAVE HOT DOG CART, 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 I Florida document numberL1000003		RCH 25, 2010	and assigned			
This amendment is submitted to amend the fol	_					
A. If amending name, enter the new name	of the limited liability company here:					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Company,"	the designation "LI	C" or the abbreviation			
Enter new principal offices address, if appli	cable:	<u> </u>				
(Principal office address MUST BE A STRE	ET ADDRESS)		23			
		الله (الله الله الله الله الله الله الله	7 3 11			
Enter new mailing address, if applicable:			S S			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	D				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	MELBOURNE	, Florida	32901			
	City		Zip Code ·			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg	proper and complete performance of n	y duties, and I an	n familiar with and			

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 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

· . . î

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	WILLIAM SPADAFORA	121 FRANKLYN AVE APT B INDIALANTIC, FL 32903	✓ Add ☐ Remove
	 -		Add Remove
			= = = = = = = = = = = = = = = = = = = =
			— — — — — — — — — — — — — — — — — — —
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if r	10 JUN -3 PH
			STATE JORGE
Dated	MAY 24	2010 A	
	Signature of a		
		WILLIAM SPALAFORA Typed or printed name of signee	

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Filing Fee: \$25.00