**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STUMP, DIETRICH & SPEARS, P.A.

Account Number : I20000000161 Phone 1 (407) 425-2571

Fax Number : (407)425-0827

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

2 mar ( )	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA CREPES LLC

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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
10 MAY 10 AM 8: 09
SEGRETARY OF STATE
FALLAHASSEE, ELORIDA

La Crepes L	LC
(Name of the Limited Liability Company as (A Florida Limited Liability)	It now appears on our records.)
,	
The Articles of Organization for this Limited Liability Company were	filed onMay 3, 2010 and assigned
Florida document numberL10000047128	
This amendment is submitted to smend the following:	
A. If amending name, enter the new name of the limited liability of	company h <u>ere</u> :
Les Crêpes Li	LC
The new name must be distinguishable and end with the words "Limited ). "L.L.C."	ability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing uddress MAY BE A POST OFFICE ROX)	
·	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
registered agent unitrot the new registered office address tiere.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter riorial to ect adaress
<u> </u>	, 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

Page 1 of 2

MGR = Manager

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:

MGRM = Managing Member Type of Action <u>Title</u> Name 1 Address. MGR Stelios Kourlesis 50 Forest Street Windermere EL 34788 ☑ Add □ Ranove ☐ Add 🔲 Remove .□ Add Romove DbA [ Reinove Remove \_\_\_∧ad Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ure of a member or authorized representative of a member ped or printed name of signee

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Filing Fee: \$25.00