L10000056125

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DIVISION OF CORPORATION

10 JUN -7 PM 2: 28

T. HAMPTON

JUN - 8 2010

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	Baklava	& Coffee LLC	
	Name of Limit	led Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Scot Strems, Esq.	
		Name of Person	
	The	Strems Law Firm, P.A.	
		Firm/Company	
	1265	1 S. Dixie Hwy, Suite 204	
		Address	
		Miami, FL 33156	
		City/State and Zip Code	
	atty	ystrems@hotmail.com o be used for future annual report notifical	N
			non)
For further information	concerning this matter, please c	all:	
	Scot Strems	at ()	71-6760
Name	of Person	Area Code & Daytime T	elephone 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

Baklava & Coffee L	LLC_	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were filed	d onMay 21, 2010 and assigne	ed
Florida document numberL10000056125		
This amendment is submitted to amend the following:	COUNT	
A. If amending name, enter the new name of the limited liability comp	pany here:	
ANTICLES OF CITARI	RANNON	
The new name must be distinguishable and end with the words "Limited Liabilit "L.L.C."	ty Company," the designation "LLC" or the abbre	eviation
Enter new principal offices address, if applicable:	racle Mile	2
(Principal office address MUST BE A STREET ADDRESS) Coral (Gables, Florida 33134	SEC.
		<u> </u>
He Ar old Colo diamon in this land to the Combine only second	J c	32
Enter new mailing address, if applicable:	9	
(Mailing address MAY BE A POST OFFICE ROX)	72	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	N	TE C
A Transfer of the second of th	<u> </u>	5
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of th	ie nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	A STATE OF THE STA	
New Registered Office Address:		
	Enter Florida street address	
en e	, 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 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 **Title Address Type of Action** <u>Name</u> □Add Remove Add Remove ☐ Add . ☐ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Scot Strems Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00