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SEP 1 2010

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Vouls + Mine Testaurant 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:			
Albert Dowdell III. Name of Person			
Firm/Company			
3/6 NW 12 DR			
Address  Belle Glode Fl 334/30  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (561) 985 - 3081  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$			
MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Compa (A Florida Limited I	Aukout inv as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on Sun	ic 14,2010 and assigned		
Florida document number <u>LI 0000043394</u>	_	,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		10 A		
		An E in		
Enter new mailing address, if applicable:		27 A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our r <u>e</u> :	records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	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 Type of Action Title, **Address** <u>Name</u> Albert Doudell III  $\square$   $\wedge$ dd Remove ☐ Add Remove  $\square$  Add ☐ Remove Add Remove  $\Box$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 08-08-201 member or authorized representative of a member

yped or printed name of signee
Page 2 of 2

Filing Fee: \$25.00