

L10000067858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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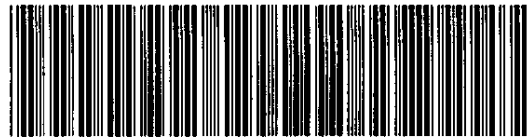
(Business Entity Name)

(Document Number)

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FILED
10 JUL 27 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins JUL 28 2010

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: MVP Cafe and Wine Bar 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:

Jill N. Creager

Name of Person

Law Office of Jill N. Creager, P.A.

Firm/Company

704 W. Bay Street

Address

Tampa, FL 33606

City/State and Zip Code

creagerpa@me.com

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

For further information concerning this matter, please call:

Jill N. Creager

Name of Person

at (**727**)

423-2364

Area Code & Daytime Telephone 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**

FILED

10 JUL 27 AM 11:13

MVP Cafe and Wine Bar LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/23/2010 and assigned Florida document number L10000067858.

This amendment is submitted to amend the following:

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

Carmel Café and Wine Bar, 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)

3717 W. North B Street

Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3717 W. North B Street

Tampa FL 33609

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:

Jill N. Creager

New Registered Office Address:

704 W. Bay Street

Enter Florida street address

Tampa
City

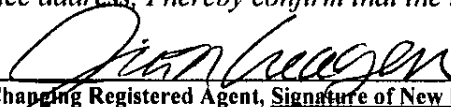
Florida

33606

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:

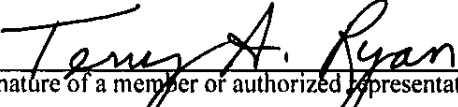
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alexander L. Sullivan	3717 W. North B Street Tampa, FL 33609	☐ Add ☒ Remove
MGRM	Nancy Schneid	3717 W. North B Street Tampa, FL 33609	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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10 JUL 27 AM 11:18
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TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Terry A. Ryan, Managing Member

Typed or printed name of signee