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DIVISION OF CORPORATION

# **COVER LETTER**

TO:	Registration Section Division of Corporations
,	
SUBJE	CT:Name of Limited Liability Company
	. Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Name of Person
	Juniors Cafe IIC
	Firm/Company
	Ann an anna and
	ADD N. CDCOQ BIVd. Address
	City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (407) 704 - 9878  Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
[V] \$23	.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 SECRETARY OF STATE DIVISION OF CORPORATION

			111014
· Juniors	Cafe, LLC	10 NOV -	4 AMII: 49
( <u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on <u>JU</u>	y 69, 2010	and assigned
Florida document number <u>L 100000723110</u>		· #	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "l	LC" or the abbreviati
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:	Junu	urs Cafe	LLC
(Mailing address MAY BE A POST OFFICE BOX)	400 N. COCOO Blud.		
	COCOA, FL 37927		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:			the name of the ne
New Registered Office Address:	400 N. COCOO Blvd.		
		r Florida street add	tress
	<u>Cocoa</u> City	, Florida	32922
	Ť		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent ar	nd agree to act in this cap	pacity. I further ag	ree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM ≈ Managing Member

Type of Action **Address** Title Name MGRM Dan Kramer ii509 Autumn Cove ☑ Add Remove James R. Thistleisr. P.O. BOX 51027 MGRM ☐ Add ✓ Remove Wilfredo Ortiz MGRM ☐ Add Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10tober 21 2010 . Signature of a mes R Thistie, Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00