

L10000072415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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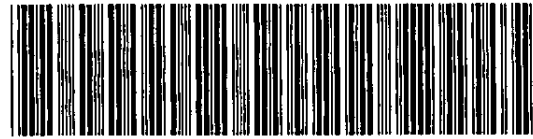
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 13 2013

J. BRYAN

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hollywood Cafe LLC  
Name of Corporation

DOCUMENT NUMBER: L1000007245

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Ellen S Aven  
Name of Contact Person

Hollywood Cafe LLC  
Firm/Company

105 W Main St  
Address

Wildwood FL 34785  
City/State and Zip Code

hollywoodcafe@wildwood@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen S Aven at (352) 748 0400  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L 100 000 72415.

This amendment is submitted to amend the following:

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

N/A  
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)

Ellen S. Aven  
105 N Main St  
Wildwood FL 34785

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

New Registered Office Address:

Ellen S. Aven  
105 N Main St  
Enter Florida street address  
Wildwood, Florida 34785  
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.

Ellen S. Aven  
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

Title	Name	Address	Type of Action
MGR	EllensAven	105 N Main St	<input checked="" type="checkbox"/> Add
		Wildwood #134785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Hezi Gabai	105 N Main St	<input type="checkbox"/> Add
		Wildwood Fl 34785	<input checked="" type="checkbox"/> Remove
MGRM	Hezi Gabai	105 N Main St	<input checked="" type="checkbox"/> Add
		Wildwood Fl 34785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

Dated

Ellen Saven / [Signature]  
Signature of a member or authorized representative of a member  
8/9/13 ELLEN SAVEN / Hezi Gabai  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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