Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110000998903)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

Account Name : ARNOLD MATHENY & EAGAN, P.A.

Account Number : I20000000141

Phone

: (407)841-1550

Fax Number

: (407)841-8746

Enter the email address for this business entity to be used for futified annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O & B CAFE LLC

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EXAMINER

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4/15/2011

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COVER LETTER

TO: Registration Division of C		· .	•	
ormire or.	0	& B Cafe LLC	•	
SUBJECT:		Limited Liability Company		
The enclosed Articles of	of Amendment and fee(s) ar	e submitted for filing.		
Please return all corres	pondence concerning this m	atter to the following:		
		Jean Womble	·	
•	•	Name of Person		
	An	nold, Matheny & Eagan, P.A.		•
		Firm/Company		
	60	5 E. Robinson St., Suite 730		
		Address	z . ~	
		Orlando, FL 32801	2011 APR SECRETA	
	<u> </u>	City/State and Zip Code	오픈 프	7
		alouv@ameorl.com	R I HAS	Upperson. Comments
		ss: (to be used for future amusal report notification)	15 SSEE	(AMEX)
For further information	concerning this matter, plea	ase call:		
	ean Womble	at (407) 841-1550		U
Name	of Person	Area Code & Daytime Telephone Number	DF G	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of State	(additional copy is enclosed) Certified	te of Status &	
	LING ADDRESS: tration Section	, STREET/COURTER ADDRESS; Registration Section		
Divisi	ion of Corporations Box 6327	Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle
Tallahassee, FL 32301

H110000998903

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	afe LLC ny as it now appears on our records.) Clability Company)	
· (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 18, 2011	and assigned
Florida document number L11000007212	,	
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	illity company here;	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "I	
"L.L.C."		2011 SE
Enter new principal offices address, if applicable:	7457 Somerset Shores Ct.	AR 3
(Principal office address MUST BE A STREET ADDRESS)	Orfando, FL 32819	<u>></u>
		SSE 15
Enter new mailing address, if applicable:	7457 Somerset Shores Ct.	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32819	RA C
8. If amending the registered agent and/or registered of	fice address on our records, enter ti	he mame of the new
registered agent and/or the new registered office address here Name of New Registered Agent:		he name of the nev
registered agent and/or the new registered office address her		
Name of New Registered Agent:	e: Enter Florida street addr	
	e:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street adds	ress
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent; thereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as properly filed to merely reflect a change in the registered office	Enter Florida street addr, Florida City ee to act in this capacity. I further agrilete performance of my duties, and I a	ess Zip Code ee to comply with m familiar with and f this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent; thereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of the obligations of my position as registered agent as properties to the proper and complete the obligations of my position as registered agent as properties the obligations of the properties of the	Enter Florida street addr, Florida City ee to act in this capacity. I further agrilete performance of my duties, and I a	ress Zip Code ee to comply with m familiar with and if this document is ited liability

H110000 If amending or Managin)99890 3 the Managers or Managing Members Member being added or removed fro		ss of each Manager	:
MGR = Mai MGRM = M	nager Ianaging Member			
<u>Title</u>	Name	Address	Type of Action	
MGR,P	William J. Whitaker	7457 Somerset Shores Ct. Orlando, El. 32819	Add Remove	
MGR	Orly Braud Whitaker	7457 Somerset Shores Ct.	_₹ Add	
VP,S,T		Orlando, FL 32819	Remove	
			Add Remove	
			Add Remove	
			— Паш	
			Remove	
···				
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	APR 15	_
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			TATE ORIDA	
	4//5 20	11	_	
Dated	Willing	Whitaken		
	William .	or authorized representative of a member J. Whitaker, President or printed name of signee	*****	
		Page 2 of 2		
	, M	ling Fee: \$25.00		