

L11000012117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

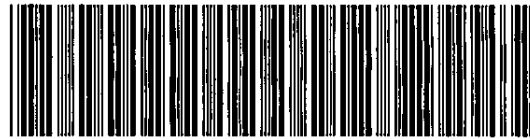
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



300253933043

12/06/13--01030--001 **25.00

FILED

14 JAN 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Groove Cafe, 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:

Rick Gibson

Name of Person

Hang Ten Cafe

Firm/Company

134 Seagrove Main Str.

Address

St. Augustine, FL 32080

City/State and Zip Code

gibson-rick@bellsouth.net

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

For further information concerning this matter, please call:

Rick Gibson

Name of Person

at (904) 217-9970

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2013

RICK GIBSON
134 SEAGROVE MAIN ST
ST AUGUSTINE, FL 32080

SUBJECT: THE GROOVE CAFE, LLC
Ref. Number: L11000012117

We have received your document for THE GROOVE CAFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 313A00028208

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

The Groove 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 2/28/2011

Florida document number L11000012117

This amendment is submitted to amend the following:

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

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)

134 Seagrove Main Street

St Augustine, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Rick Gibson

New Registered Office Address:

134 Seagrove Main St

Enter Florida street address

St Augustine

City

Florida 32080

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.

X 
If Changing Registered Agent, Signature of New Registered Agent

FILED
JAN 24 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For Managing Members on our records, enter the title, name, and address of each Manager
being added or removed from our records:

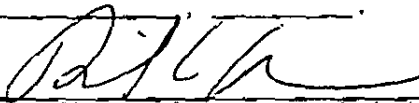
Manager
 Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matthew E Kenyon	5772 Timuquana Rd Jacksonville, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rita N Kenyon	5772 Timuquana Rd Jacksonville, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rick Gibson	134 Seagrove Main St St Augustine, FL 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JAMES R. PIERSON	120 LEGENDARY DR. #102 ST. AUGUSTINE, FL, 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRANK SEVERINO	P.O. Box 352102 PALM COAST, FL, 32135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 JAN 24 PM 2:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated _____

x 

Signature of a member or authorized representative of a member

RICK GIBSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JAN 24 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED