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(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:

A. LUNT

AUG 15 2011

EXAMINER

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COVER LETTER

TO: Registration and Division of Control					
SUBJECT:	Chai	nge of Officer			
		nited Liability Company		···	
	of Amendment and fee(s) are su	_			
rease return air corres	portucine concerning this matte	it to the following.			
					
					
	•				
	PS Z				
		City/State and Zip Code		2011 AUG 12 SECRETARY ALLAHASSE	
	E-mail address:	(to be used for future annual repo	rt notification)	S IZ	P
For further information	concerning this matter, please	call:		OF SE	,
Ravi	mond Haldeman	at (305)	968-8855	ORIGINA P	C
	of Person		Daytime Telephone Numb	ber V	
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 en	Certific	Filing Fee, cate of Status & ed Copy onal copy is enclose	;d)
MAII	LING ADDRESS:	STREET/CO	OURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Carib Caf	e, LLC		
(Name of the Limited I	Liability Company Florida Limited Lia	y as it now appea ability Company)	rs on our <u>records.</u>)	
The Articles of Organization for this Limited Lia Florida document number L11000029	•	vere filed on	March 9, 2011	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Comp	any," the designation "	
Enter new principal offices address, if applica	ble:			2011 SE SE S
(Principal office address MUST BE A STREET	ADDRESS)			SE ST
				SSE IZ
		004 Danner	Debra	
Enter new mailing address, if applicable:	.030	821 Renmar Drive		
(Mailing address MAY BE A POST OFFICE B	<u>(UA)</u>	Plantation, FL 33317		25 T
B. If amending the registered agent and/or registered agent and/or the new registered offi	ice address here	:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Raymond Ha			
New Registered Office Address:	821 Renmar		ter Florida street ad	dress
	D	lantation		00047
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re- company has been notified in writing of this co	oper and comple tered agent as pr egistered office a	ete performance rovided for in C	of my duties, and I hapter 608, F.S. Or	am familiar with and if this document is

Page 1 of 2

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 **Type of Action Address** Raymond Mr. <u>Haldeman</u> ☑ Add Remove Barry Cohen Mr. ☐ Add ✓ Remove ☐ Add Remove □Add Remove N D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated_ Signature of a member or authorized representative of a member Haldeman aymond Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00