

#/ 11000035116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

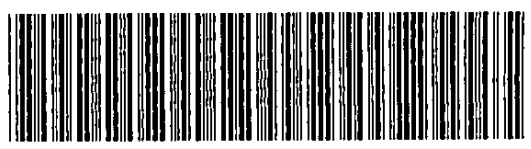
(Business Entity Name)

(Document Number)

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FILED
12 MAY 15 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 16 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIPS NEWS 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:

LILIANA C SOSA FILGUEIRAS
Name of Person

Firm/Company

1107 MALLORY POINT DRIVE
Address

VALRICO, FL- 33596
City/State and Zip Code

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

For further information concerning this matter, please call:

LILIANA SOSA FILGUEIRAS at (813) 516-5071
Name of Person 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

CHK # 634 Dated 09 MAY 2012
for \$30⁰⁰

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SIPS NEWS CAFE LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/23/2011 and assigned Florida document number L11000035116.

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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

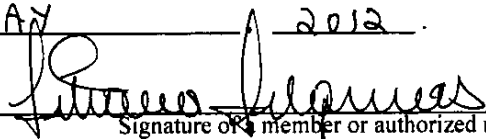
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMES DELANCEY	1500 CRAI #5 DUNNEDIN FL 34698 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LILIANA C SOSA FILGUEIRAS	1107 MALLORY POINT DRIVE VALRICO FL-33596 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LILIANA C SOSA FILGUEIRAS	1107 MALLORY POINT DRIVE VALRICO FL-33596 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9th MAY 2012



Signature of a member or authorized representative of a member

LILIANA C SOSA FILGUEIRAS

Typed or printed name of signee