

L1100004273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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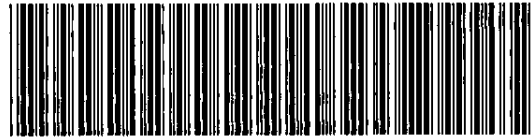
(Business Entity Name)

(Document Number)

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T. CLINE  
AUG -2 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GHISELLE'S HOME-STYLE RESTURANT, 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:

**DANNET SIMON**  
Name of Person  
**GHISELL'S HOME-STYLE RESTURANT, LLC**  
Firm/Company  
**3512 PORTERSFIELD RD**  
Address  
**ORLANDO, FL 32808 US**  
City/State and Zip Code  
**clevedono11@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**DANNET, SIMON** at ( **407** ) **781-6418**  
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

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

GHISELLE'S HOME-STYLE RESTAURANT, L.L.C  
**(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 04/06/2011 and assigned Florida document number L11000041273.

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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:

DANNET SIMON

New Registered Office Address:

3512 PORTERSFIELD RD

*Enter Florida street address*

ORLANDO

Florida

32808

*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	CLEVELAND, SIMON	3512 PORTERSFIELD RD ORLANDO, FL 32808 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DANNET, SIMON	3512 PORTERSFIELD RD ORLANDO, FL 32808 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	REGINALD, TAYLOR	4630 SOUTH KIRKMAN RD ORLANDO, FL 32811 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAVID, MCLEAN	325 MEADOWS COURT OCOEE, FL 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GHISELLE, SIMON	3512 PORTERSEFIELD RD ORLANDO, FL 32808	<input checked="" 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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 7-29-, 2011

*Dannet Simon*

Signature of a member or authorized representative of a member

DANNET SIMON

Typed or printed name of signee