

L 11000058519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

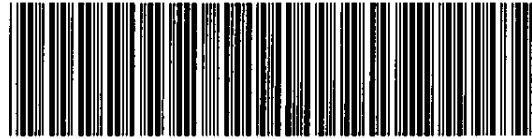
Special Instructions to Filing Officer:

A. LUNT

NOV 23 2011

EXAMINER

Office Use Only



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10/31/11--01022--013 **55.00

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2011 NOV 22 PM 2:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2011

EMMA JARVIS
1603 1/2 E 7TH AVE.
TAMPA, FL 33605

SUBJECT: YBOR CITY DINER, LLC
Ref. Number: L11000058519

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for YBOR CITY DINER, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 911A00024864

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ybor City Diner
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:

Emma Jarvis
Name of Person

Fausette Management
Firm/Company

1603 1/2 E 7th ave
Address

Tampa FL 33605
City/State and Zip Code

Emma@onsiteresidential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Jarvis at (813) 810-3838
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ybor City Diner 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 5/19/11 and signed
Florida document number L11000058519

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STATE OF FLORIDA
TALLAHASSEE

This amendment is submitted to amend the following:

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

4 1/2 Reasons LLC

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)

11005 E 7th AVE

Tampa FL 33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11003 1/2 E 7th ave

Tampa FL 33605

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

MGR = Manager
MGRM = Managing Member

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

Dated 11/4/11

Signature of a member or authorized representative of a member

Wash Fausette
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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