

L11000089948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

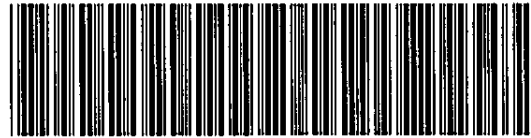
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CAFE 777, 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:

Ed Salata

Name of Person

TREASURE ISLAND HOLDINGS, LLC

Firm/Company

PO BOX 7284

Address

JUPITER, FL 33468

City/State and Zip Code

joelmatpm@msn.com

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

For further information concerning this matter, please call:

Ed Salata

Name of Person

at **561 355-5434**

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**

CAFE 777, 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 08/05/2011 and assigned
Florida document number L11000089948.

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:

TREASURE ISLAND HOLDINGS, LLC

New Registered Office Address:

889 Donald Ross Rd

Enter Florida street address

Juno Beach

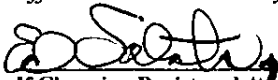
, Florida 33408

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 605, 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.

 TREASURE ISLAND HOLDINGS, LLC
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TREASURE ISLAND HOLDINGS, LLC	889 Donald Ross Rd Juno Beach, FL 33408	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LADY LUCK ARCADE, LLC	6681 LAKE WORTH RD GREENACRES, FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SALATA, EDMUND JJR.	889 DONALD ROSS RD., PLAZA LA MER JUNO BEACH, FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MATTHEWS, JOEL L	889 DONALD ROSS RD., PLAZA LA MER JUNO BEACH, FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated December 30, 2013.

Ed Salata, Treasure Island Holdings, LLC



Signature of a member or authorized representative of a member



ED SALATA

Typed or printed name of signee

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Filing Fee: \$25.00

12-1-13
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA