L11000093286

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J. BRYAN

AUG 31 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Virginia A	venue Cafe, LLC	
•	Name of Lim	ited Liability Company	
	s of Amendment and fee(s) are su		
		Dorothy Stonestreet	
	بالمقاربين والمراجع والمستمار والمستمار والمراجع والمستمالة والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	Name of Person	
	H MG 29 AM 10: 38 SECRETARY OF STATE SECRETARY SEE FLORIC		
Firm/Company 5728 St Lucie Blvd			29 F
		Address	12.0
	GARDEN 38		
		City/State and Zip Code	V-
	Famail address:	dirwin4588@att.net to be used for future annual report notif	ication)
For further information	on concerning this matter, please	•	,
Do	rothy Stonestreet	at (772)	332-2403
Nan	ne of Person	Area Code & Daytim	e Telephone Number
Enclosed is a check for	or 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)
	ILING ADDRESS:	STREET/COURI	

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

Virginia Avenue Cafe, LLC (Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L11000093286	August 15, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	re:
The new name must be distinguishable and end with the words "Limited Liability Compa"L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	ASSI 29
(Mailing address MAY BE A POST OFFICE BOX)	FOR E
	STATE STATE
B. If amending the registered agent and/or registered office address on e registered agent and/or the new registered office address here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	nter 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

Title	Name	Address	Type of Action
MGRM	Stonestreet, Coreen L	5728 St Lucie Blvd Ft Pierce, Florida 34946	Add ☑ Remove
MGRM	Padgett, Timothy D	5728 St Lucie Blvd Et Pierce, Florida 34946	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
	•		Add Remove
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		SECRETARY FALL AHASSI	F 1 L
	August 24 , 2011	EF. FI.DRII	AH 10: 38
Dated	Dela	weather Mgs.	
angunang	Doroth	authorized representative of a member y T Stonestreet printed name of signee	

Page 2 of 2

Filing Fee: \$25.00