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J. BRYAN

NOV 23 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations **BOCA MOZART CAFE LLC** SUBJECT: 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: SHIMI AVNI Name of Person **BOCA MOZART CAFE LLC** Firm/Company 1250 HILLSBORO BLVD Address **DEERFIELD BEACH FL 33442** City/State and Zip Code AYANIV123@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ANAT YANIV** 624-2717 at ( 954 ) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO: Registration Section

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

ВО	CA MOZART CAFE LLC				
(Name of the Limited) (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Lia Florida document number L11000097.		8/24/2011	and assigned		
	<del></del>				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company here:				
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	," the designation "	LLC" or the abbreviat ion		
Enter new mailing address, if applicable:			SSEE. FLO		
(Mailing address MAY BE A POST OFFICE B	<u></u>		RIBA		
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter	the name of the new		
Name of New Registered Agent:	SHIMI AVNI				
New Registered Office Address:	1250 W HILLSBORO BLVD				
	Enter Florida street address				
	DEERFIELD BEACH	, Florida	33442		
	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 it 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SIBONY, YAAKOV	1250 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	Add  Remove
MGRM	EDELKOPE, YONA	1250 W.HILLSBORO BLVD DEERFIELD BEACH FL 33442	Add  Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
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		ange(s) here: (Attach additional sheets, if necessary	y.)
——————————————————————————————————————		URN AS A SINGLE MEMBER LLC.	2011 NOV 22 AN II SECRETARY OF SI
Dated	1/18/2011	nber or authorized representative of a member	II: 13
		SHIMI AVNI ped or printed name of signce	
	Ty	ped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00