

L12000012474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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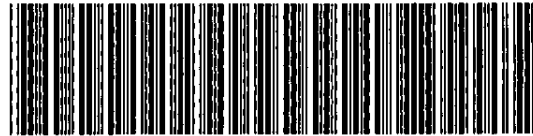
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TIMOTHY G. HAYES AND ASSOCIATES, P.A.**  
**Attorneys at Law**

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Lutz, Florida 33549

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e-mail: tghayes@mindspring.com

February 16, 2012

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Tapas Food Company, LLC**

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Amendment to Articles of Organization for the above limited liability company, along with a check in the amount \$25.00 for the filing fee. Please return the copy marked "filed" to our office.

Sincerely yours,

  
DEBRAH MAYWORTH  
Legal Assistant  
HAYES & ASSOCIATES, P.A.  
21859 State Road 54, Suite 200  
Lutz, Florida 33549  
(813) 949-6525

/dm  
Encls.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
12 FEB 20 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TAPAS FOOD COMPANY, 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 January 26, 2012 and assigned  
Florida document number L12000012474.

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)

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:

N/A

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

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>
MGR	Laura Castorani	3745 Sorrel Vine Dr. Wesley Chapel, FL 33544	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Laura Castorani	3745 Sorrel Vine Dr. Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Juan Figueredo	3745 Sorrel Vine Dr. Wesley Chapel, FL 33544	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

2/14

2012

Signature of a member or authorized representative of a member

LAURA CASTORANI

Typed or printed name of signer

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