

L12000026241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

NOV 20 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Breezeway Restaurant and Bar  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Samra  
Name of Person

The Breezeway Restaurant and Bar, LLC.  
Firm/Company

112 E. 1st Street  
Address

Sanford FL 32771  
City/State and Zip Code

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

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For further information concerning this matter, please call:

Samantha Samra at (407) 417-5107  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

The Breezeway Restaurant and Bar 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 02/23/12

Florida document number L12000026241

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**)

112 E 1st St  
Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

209 W. 20th St  
Sanford FL 32771

**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:

Samantha Samra

New Registered Office Address:

209 W 20th St

Enter Florida street address

Sanford FL Florida 32771

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

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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>  |
|--------------|------------------|------------------------------------|--|
| MGRM         | Richard Moreland | 112 E. 1st St<br>Sanford FL 32771  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Samantha Samra   | 209 W. 20th St<br>Sanford FL 32771 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                  |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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Dated

11/21/12

  
Signature of a member or authorized representative of a memberSamantha Samra  
Typed or printed name of signer

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Filing Fee: \$25.00

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