# L120000 26241

(Rec	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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SEURLIARY OF STATE
ALLAHASSEE, FLURIDA

J. SAULSBERRY EXAMINER

ner 14 2012

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: JHE BACEZEWAY/ Name of Corp	RESTAURANT AND BAR LLC
DOCUMENT NUMBER: L12000	0026241
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
112 EAST 1 ST Address SANFULD TO City/State and	PAY RESTAURANT AND BAN PANY  ST.  S  L  S  Zip Code  P  BELLSUMTH. NET
For further information concerning this matter, please cal	1:
Name of Contact Person	at ( 407) 325-3714  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle S Tallahassee, FL 32301

# ARTICLES OF AMENDMENT

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## TICLES OF ORGANIZATION

OF	**************************************
114E BREEZEWAY R	ESTAURANT AND BAN LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 12000 262+1	rere filed on 2 23 12 Prend assigned  AHASS
This amendment is submitted to amend the following:	TO RECEIVE
A. If amending name, enter the new name of the limited liability	F. FLORIDE
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	112 E. 12 ST
(Principal office address MUST BE A STREET ADDRESS)	SANFORD, FL 32771
Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE BOX)	112 E. 1 <sup>ST</sup> ST. SANFORD, FL 32771
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	1 CHARD MORELAND
New Registered Office Address:	Enter Florida street address
SA	views Florida 32771
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 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:

FILING CANCELLED

MGRM = N	Managing Member			RETURNED	CHECK
Title	Name	<b>^</b>	idress	T	yoc of Action
Mbr	SAMMOTHA .	amps	209 W.	20th st	Add
		› <del>ت</del>	SAMFURD	20th ST. FL 32771	1 Remove
mbr	KICHAMO N	JONELAND_	112 E.	15T ST.	Add
	RICHARD N	` 	SANFUND	FL 3277	Remove
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فيتنفض عبدي		·			Add
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lf ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	12/14/12
	RUMLI
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2012 DEC .14 PM 4: 00