

12000033545

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000335545 3))



H21000335545ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BARKS LAW FIRM
Account Number : 120200000333
Phone : (407)321-1224
Fax Number : (407)768-1022

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: angie@barkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE BREEZEWAY RESTAURANT AND BAR, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

2021 SEP -9 PM 3:15

ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB
9/10/21

2021 SEP -9 PM 3:45
OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Breezeway Restaurant and Bar, LLC
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:

Deborah S. Moreland

Name of Person

Firm/Company

407 West Crystal Drive

Address

Sanford, FL 32773

City/State and Zip Code

dsmoreland@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen H. Coover

407 322-4051

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 SEP - 9 PM 3:45
TALLAHASSEE, FL

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 12/23/2012 and assigned 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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

467 West Crystal Drive

Sanford, FL 32773

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: Deborah S. Moreland

New Registered Office Address: 467 West Crystal Drive

Enter Florida street address

Sanford

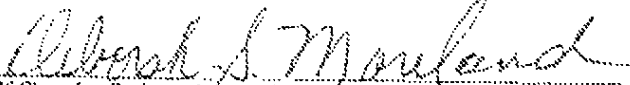
Florida 32773

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Deborah S. Moreland	407 West Crystal Drive	☒ Add
		Sanford, FL 32773	☐ Remove
			☐ Change
MGR	Michele Champion	112 E. First Street	☐ Add
		Sanford, FL 32771	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

2021 SEP 9 P11 3:45

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is used, the date must be specified.)

(3) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 405.0207 (3)(c) Note: If the date inserted in this block does not meet the requirement, the applicant must file a corrected filing.

[Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated: 20.01.2021

Signature of a member of industry/representation of a non

Signature of a member or authorized representative of a member

Deborah S. Moreland

Typed or printed name of signer

Filing Fee: \$25.00