L12000030552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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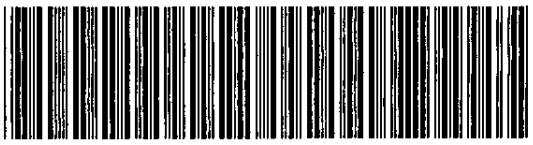

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03/09/12--01023--002 **35.00

FILED
12 APR 13 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullnan APR 13 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Tres Suspiros Chocolatier, 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:

Amina Atari
Name of Person

Tres Suspiros Chocolatier
Firm/Company

6870 66th Street North
Address

Pinellas Park, FL 33781
City/State and Zip Code

Cbarn@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naiem Atari at (727) 541-1444
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2012

AMINA ATARI
6870 66TH STREET NORTH
PINELLAS PARK, FL 33780

SUBJECT: TRES SUSPIROS COCOLATIER, LLC
Ref. Number: L12000030552

We have received your document for TRES SUSPIROS COCOLATIER, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 812A00009086

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 APR 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tres Suspiros Cocolatier, 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 03/01/12 and assigned Florida document number L12000030552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tres Suspiros Chocolatier, LLC

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)

6870 66th Street North
Pinellas Park, FL 33780

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6870 66th Street North
Pinellas Park, FL 33780

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: _____

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

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated April 4th, 2012.

Signature of a member or authorized representative of a member

Naiem Atari
Typed or printed name of signee

Filing Fee: $25.00