L12000040270

(Req	uestor's Name)	
(Addı	ress)	
(Address)		
(City)	/State/Zip/Phone	e #)
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RIIS AUG 22 PM 4: 09
SECRETARY OF STATE

.COVER LETTER

TO:

Registration Section
Division of Corporations

TAVERNA SKARA CLEARWATER LLC

SUBJECT:

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:

JOHN PAVLATOS

Name of Person

TAVERNA SKARA

Firm/Company

3980 TAMPA ROAD #105

Address

OLDSMAR FL 34677

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN

813 562-5278

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
Glifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 AUG 22 PM 4: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TAVERNA SKARA CLEARWATER 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 C	Company were filed on AUG14.20	and assigned
Florida document number L12000040270	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the des	ignation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	11 T T T T T T T T T T T T T T T T T T	
	Enter Florida	street address
		lorida
	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 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>	Address	Type of Action
MGRM	STEVE MINGINA	51 ISLAND WAY #211	Add
		CLEARWATER, FL	Remove
		33767	
			Add
			Remove
			_
			L Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			Remove

D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
A110	Anala ()
Dated AUG 14,	/ /2013 /
Signatu	re of a member or authorized representative of a member
JOHN PAVLATOS	l
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

