

L12000043662

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR - 5 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRYSam Restaurant Pizzeria Bologna, 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:

Vimi Rodriguez
Name of Person

Doral Carrier Services, LLC
Firm/Company

10680 NW 37 Terr
Address

Miami, FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Vimi Rodriguez at (832) 752-6720
Name of Person Area Code & Daytime Telephone Number

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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

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

Brysam Restaurant Pizzeria Bologna

(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 3/29/12 and assigned
Florida document number L12000043662.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Gladys R. Angel

New Registered Office Address:

18400 NW 75th #107

Enter Florida street address

miami

Florida

33015

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.

x Gladys R. Angel
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
MGRM	Maria Romy Angel	18400 NW 75th L # 107 Miami, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gladys C. Angel	18400 NW 75th L # 107 Miami, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gladys C. Angel	18400 NW 75th L # 107 Miami, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 30, 2012

x Gladys C. Angel
Signature of a member or authorized representative of a member
Gladys C. Angel
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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