# L/200046538

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
A. LUNT			
AUG <b>27</b> 2011			
EXAMINER			
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# 500238806075 08/24/12--01032--013 \*\*75.00



## **COVER LETTER**

### TO: Registration Section Division of Corporations

DUSE OF LANDO LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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 T ARTICLES OF O O	O RGANIZATION
Barley House Orlando (Name of the Limited Liability Compa (A Florida Limited I	<u>It now appears on our records.</u> Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04 04 201 2 and assigned
Florida document number <u>L12000046538</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liah</u>	
<u>Don Jefe's Orlando, LLC</u> The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," the designation "LL" or the abbreviation
Enter new principal offices address, if applicable:	41 W. Church Street
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FC 32801
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	C O Mark Shuck 18605 Detroit Ave. Lakewood, DH 44107
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	ne McShane Law Firm, P.A.
New Registered Office Address: 836 N	J. Highland AVE. Enter Florida street address
	D Enter Florida street address
OFLON	1 <u>do</u> , Florida <u>32803</u> City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	

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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. Thereby confirm that the limited liability company has been notified in writing of this change.

1 If Changing Registered Agent, Signature of New Registered Agent Page 1 of 2

v 'If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	<b>Type of Action</b>
MGRM	The Faine Group, Inc.	1000 North Magnolia Avenue Swite A Oriando, FL 3 2803	Add
MGRM	DJO Management, ccc	1000 No Magnolia Ave. SUILE A OCIOMOO, FC 32803	Add Remove
			Add
			Add Ac
			Mine Add P T
			Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessar	
Dated <u>QU</u>	$\frac{qust 21}{\sqrt{20}}$ , $\frac{201}{\sqrt{20}}$	<u>ə</u> .	
		r authorized representative of a member	<u></u>
-	C. KYAN Davis Typed or	r printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00