

L12 000052523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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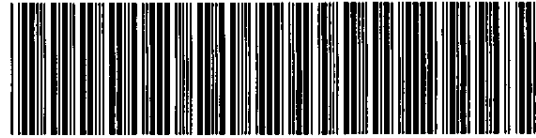
(Business Entity Name)

(Document Number)

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T. CLINE  
APR 24 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CELCIUS NIGHTCLUB, 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:

LOUIS NOTHBOM  
Name of Person

CELCIUS NIGHTCLUB, LLC  
Firm/Company

2213 MAIN STREET  
Address

FORT MYERS, FL 33901  
City/State and Zip Code

KIP44CCFL@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE BASERVA at (239) 810 2394  
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

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

CELCIUS NIGHTCLUB, 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 04-18-2012 and assigned Florida document number L120000525.23.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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:**

NOT APPLICABLE

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

NOT 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:**

NOT APPLICABLE

**New Registered Office Address:**

Enter Florida street address

Florida

City

Zip Code

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**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LOUIS NOTBOM	2213 MAIN STREET FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIR	JOSE G. BASERVA	2577 FIRST STREET FORT MYERS FL 33901	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSE G. BASERVA	2577 FIRST STREET FORT MYERS, FL 33901	<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

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

THERE ARE ONLY TWO (2) MANAGING MEMBERS.  
THERE ARE NO DIRECTORS.

Dated APRIL 20, 2012.

Francis Pollard 151 LOUIS NOTBOM  
Signature of a member or authorized representative of a member

FRANCIS POLLARD, VRA FOR LOUIS NOTBOM  
Typed or printed name of signee