## L12 CGG 053871

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## **COVER LETTER**

<b>TO:</b> '	Registration Se Division of Cor	ection porations
CUDIEC	Bellebrat	tions Franchising, LLC
SUBJEC	.1:	Name of Limited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are submitted for filing.
Please ret	turn all'correspo	ondence concerning this matter to the following:
		Scott P. Weber
		Name of Person
		Scott Phillip Weber, P.A.
		Firm/Company
•		3709 W. McKay Avenue
		Address
		Tampa, FL 33609
		City/State and Zip Code
		sheila@franchiselegalsolutions.com
		E-mail address: (to be used for future annual report notification)
For furth	er information co	concerning this matter, please call:
Scott V	Veber	813 337-6652
	Name o	at ()  Area Code Daytime Telephone Number
Enclosed	is a check for th	he following amount:
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

as it now appears on our records.) ility Company)  The filed on
ere filed on 04/20/2012 and assigned
y company here:
y company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
3709 W. McKay Avenue
Tampa, Florida 33609
3709 W. McKay Avenue Tampa, Florida 33609
e address on our records, enter the name of the new
3

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
				Add
•		**		□ Remove
·.		<del> </del>		Add
				Remove
			<u>.</u>	Add
			·	□ Remove
	-1		<del> </del>	
	•			Remove
				ASSEE, FLORIDA
			· .	□ Add
				Remove

•	, enter change(s) here: (Attach additional sheets, if necessa
:	
•	
	te of filing:(optional e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)
the date this document is filed by the Florida	
the date this document is filed by the Florida	a Department of State)
the date this document is filed by the Florida  Dated November 19	a Department of State)
the date this document is filed by the Florida  Dated November 19	Department of State)  2014  uttlude

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Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, ELONIO