## 112000059359

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T. CLINE

MAY 2 2 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corpo		• .	
SUBJECT:	Cyber Cafe	e Gainesville, LLC	
		ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	dence concerning this matter	r to the following:	
		Stevan J. Pardo	_
		Name of Person	•
		Pardo Gainsburg, PL	
		Firm/Company	_
	200 SE 1st S	Street, Suite 700, Miami, FL 33131	
		Address	-
		Miami, FL 33131	
		City/State and Zip Code	Ecc lis
	Spare	do@pardogainsburg.com (to be used for future annual report notification)	
For further information con	ncerning this matter, please	•	SECHETARY OF STATE
Steva	an J. Pardo	at ( 305 ) 775-2538	FS F
Name of F	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	(additional copy is enclosed) Certifie	ate of Status &

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

Cyber C	afe Gainesville, LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	5/2/12	and assigned	
Florida document numberL12000059359	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
•		·		_
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designatio	on "LBC" or the abbreviat	ion
Enter new principal offices address, if applicable:			<u> </u>	 
(Principal office address MUST BE A STREET ADD	ORESS)		SSE 2	<b>-</b>
				7
	<u>-</u>		SS CO	¥
Enter new mailing address, if applicable:			<b>즐</b> 는 교	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			_
Transmit under stay areast a service as a se				_
				-
B. If amending the registered agent and/or regi	istered office address on o	our records, <u>ent</u>	er the name of the n	ıew
registered agent and/or the new registered office ad	<u>ldress here</u> :			
Name of New Registered Agent:		<del></del>		_
New Registered Office Address:				
110.11.11.11.11.11.11.11.11.11.11.11.11.	En	ter Florida street	address	_
		. Florida	a	
	City	, , , 10,100	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 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>	Address	Type of Action
MGR	IMS Enterprises, LLC	200 SE 1st Street, Suite 700 Miami, FL 33131	
MGR	IMT Management, LLC	200 SE 1st Street, Suite 700 Miami, FL 33131	
			Add Remove
			Add Remove
			Sen Adut  Remove  Sen Adut  Remove
			Add Remove
D. If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necess	ary.)
-			
Dated	May 18 , .	20/2	
	Signature of a m	ember or authorized representative of a member	
		r Pardo Gainsburg, PL, Registered Agent	-
	<del></del> ,	Evned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00