

L120000064631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

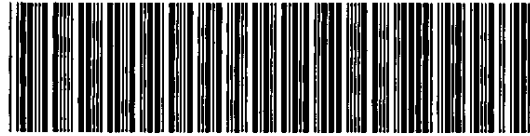
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



600252244236

10/10/13--01006--014 **30.00

FILED
13 OCT 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND BREEZE CARIBBEAN CUISINE, 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:

ESTHER BEVACQUA

Name of Person

—
Firm/Company

18 WINCHESTER PLACE

Address

PALM COAST FL 32164

City/State and Zip Code

tonyanthem@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTHER BEVACQUA

Name of Person

at (386) 237-4539

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ISLAND BREEZE CARIBBEAN CUISINE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 OCT 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/9/2012 and assigned
Florida document number L 12000064631.

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)

260 CYPRESS EDGE DRIVE

UNIT 104

PALM GAST FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

260 CYPRESS EDGE DRIVE

UNIT 104

PALM GAST FL 32164

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:

ESTHER BEVACQUA

New Registered Office Address:

260 CYPRESS EDGE DRIVE, UNIT 104

Enter Florida street address

PALM GAST

City

Florida 32164

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.

Esther Bevacqua
If Changing Registered Agent, Signature of New Registered Agent

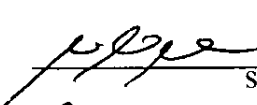

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BISHASWAR MAHADEO	19 RANWOOD LANE	<input type="checkbox"/> Add
		PALM COAST FL 32164	<input checked="" type="checkbox"/> Remove
MGRM	SHENEZA MAHADEO	19 RANWOOD LANE	<input type="checkbox"/> Add
		PALM COAST FL 32164	<input checked="" type="checkbox"/> Remove
MGRM	ESTHER BEVACQUA	18 WINCHESTER PLACE	<input checked="" type="checkbox"/> Add
		PALM COAST FL 32164	<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 06. 7. 2013, —.

	
Signature of a member or authorized representative of a member	
<u>BISHASWAR MAMED</u>	<u>ESTHER BEVACQUA</u>
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00