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Cover SHeet

To: FL Dept. of State

FOR: Amand Articles of LLC.

From: Gayle Jaffe

19 September PL

Palm Coast, FL 32164

386-449.9271



SUBJECT: Ts land 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: Gayle Jaffe Name of Person Firm/Company 19 September Place Address Palm Cowt FL, 32164 City/State and Zip Code Pechef NN7 @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Jaffe at (386) 4149-927/ Name of Person Area Code Passo.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	10: Registration Se Division of Cor	ction porations		
Please return all correspondence concerning this matter to the following: Gayle Jaffe Name of Person Firm/Company 19 September Place Address Palm Coast, FL, 32164 City/State and Zip Code PCChef XX 7 @ qmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Jaffe Name of Person at (386) 449-927/ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Cartificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy	SUBJECT:	nd Breeze Car Name of Lim	ribbean Cuisine, L ited Liability Company	LC.
Firm/Company 19 September Place Address Palm Coust, FL, 32164 City/State and Zip Code PCChef DD 7 @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Joffe at 386 449 927/ Name of Person Area Code Daytime Telephone Number Cenclosed is a check for the following amount: Cayle Joffe Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (certified Copy (certified Copy (certified Copy)	The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Firm/Company 19 September Place Address Palm Coast, FL, 32164 City/State and Zip Code PChef 2017 @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Jaffe at (386) 449 - 927/ Name of Person Area Code Daytime Telephone Number City/State and Zip Code PChef 2017 @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cayle Jaffe at (386) 449 - 927/ Daytime Telephone Number City/State and Zip Code City/State and Zip Code PChef 2017 @ gmail. com E-mail address: (to be used for future annual report notification) Company Company Area Code Company City/State and Zip Code PChef 2017 @ gmail. com E-mail address: (to be used for future annual report notification) Company Compa	Please return all correspon	idence concerning this matter	to the following:	
Address Palm Coast, FL, 32/64 City/State and Zip Code PCChef DD 7 @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Joffe Name of Person at (386) 2/49 - 92 7/ Name of Person Area Code Daytime Telephone Number P\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		<u>Gayle</u>	Name of Person	
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle affe		19 September	- Place Address	· · · · · · · · · · · · · · · · · · ·
Cayle Joffe at 386 449-927/ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\int_{\text{S25.00 Filing Fee}} \text{\$\infty} \frac{\text{\$\sigma}}{2} \frac{386}{2} \text{\$\infty} \frac{149-927}{2} \text{\$\int \text{Daytime Telephone Number}} \text{\$\infty} \text{\$\infty} \frac{1500}{2} \text{\$\infty}		Palm Cowt, Palm Cowt, Palm Cowt, Palm Cowt,	City/State and Zip Code 7 @ gmail. Com to be used for future annual report notif	ication)
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\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \$\ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}	Gayle Jaf	<u>fe</u> Person	at (386) 449- Area Code Daytime	- 927/ e Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the	: following amount:		
	\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Talon Breeze Carlibean Curine 110

(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
ne Articles of Organization for this Limited Liabilit	ty Company were filed on $05/09/2012$ and assigned
orida document number <u>L12 00064631</u>	
is amendment is submitted to amend the following	g:
If amending name, enter the new name of the	limited liability company here:
Giabella Fine Italian	Cuisine, LLC. "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	260 Cypress Edge Dr. Unit # 104 Palm Coast, FL, 32164 Eur 19 September Place Palm Coast, FL, 32164
incipal office address MUST BE A STREET AL	DDRESS) Unit # 104
	Palm Coast, FL 32164 Eu &
ter new mailing address, if applicable:	19 September Place 37
niling address MAY BE A POST OFFICE BOX	2 Palm Coast, FL, 32164 mg
It amending the registered agent and/or re istered agent and/or the new registered office a	egistered office address on our records, enter the hame of the address here:
Name of New Registered Agent:	Gayle Jaffe
New Registered Office Address:	260 Cypress Edge Dr. Unit 104 Enter Florida street address
	Palm (oast Florida 32/64 City Zip Code
· ·	City 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 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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Esther Bevacqua	18 Winchester Place	Add
		Palm (oast, FL, 32164	Remove
			□ Change
MGRM	Cayle Jake	19 September Place	Add
		Palm Coast, FL, 32164	Remove
			☐ Change
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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Note:	ce date, if other than the date of filing: (operative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aff the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	La.m. on the earlier of:
Dated_	March 14th, 2018.	
	Dalle -	2018 SCC FALL
	Signature of a member established representative of a member	MAR 15 AHASSE
	Typed or printed name of signee	2 2 7
	Page 3 of 3	ORIDA

Filing Fee: \$25.00