

L12000064631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

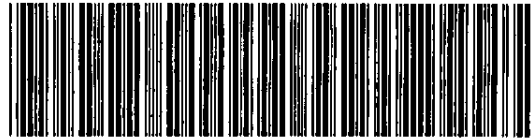
(Business Entity Name)

(Document Number)

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2018 MAR 15 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 16 2019
J. HARRIS

Cover Sheet

To: FL Dept. of State

For: Amend Articles of LLC.

From: Gayle Jaffe

19 September PL

Palm Coast, FL 32164

386-449-9271

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:

Gayle Jaffe
Name of Person

Firm/Company

19 September Place
Address

Palm Coast, FL, 32164
City/State and Zip Code

pccchef007@gmail.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)
Area Code

449-9271
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)

The Articles of Organization for this Limited Liability Company were filed on 05/09/2012 and assigned Florida document number L12000064631.

This amendment is submitted to amend the following:

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

Giabella Fine Italian Cuisine, LLC.

The new name must be distinguishable and contain 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 Dr.
Unit # 104

Palm Coast, FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19 September Place
Palm Coast, 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:

Gayle Jaffe

New Registered Office Address:

260 Cypress Edge Dr. Unit 104

Enter Florida street address

Palm Coast

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 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRm	Esther Bevacqua	18 Winchester Place	<input type="checkbox"/> Add
		Palm Coast, FL, 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRm	Gayle Jaffe	19 September Place	<input checked="" type="checkbox"/> Add
		Palm Coast, FL, 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 10/01/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 14th, 2018.

Signature of a member or authorized representative of a member

Gayle Jaffe

Typed or printed name of signee

FILED
2018 MAR 19 AM 10:36
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA