

L12000075109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 26 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blues Brothers Pautinerie  
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:

Ramona McCarthy  
Name of Person

Poutine Dog Cafe  
Firm/Company

1750 J St  
Address

Lake Worth, FL 33460  
City/State and Zip Code

mstanuti@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramona McCarthy at (772) 359-3246  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED

12 OCT 25 PM 12: 20

Blues Brothers Pautinerie L.L.C.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/05/2012 and assigned Florida document number L12000075109.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Ramona McCarthy

New Registered Office Address:

1750 J Street

Enter Florida street address

Lake Worth  
City

Florida 33460  
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.*

RMC

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>
<u>MGR</u>	<u>Louis Plante</u>	<u>804 E. Windward</u>	<input type="checkbox"/> Add
		<u>Way Apt PH 11</u>	<input checked="" type="checkbox"/> Remove
		<u>Lantana, FL 33462</u>	
<u>MGR</u>	<u>Julie Rodrigue</u>	<u>804 E Windward</u>	<input type="checkbox"/> Add
		<u>Way Apt PH 11</u>	<input checked="" type="checkbox"/> Remove
		<u>Lantana FL 33462</u>	
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 OCT 25 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 10/20/12

Ahe

Signature of a member or authorized representative of a member

Ramona McCarthy

Typed or printed name of signee