

L12 000100143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

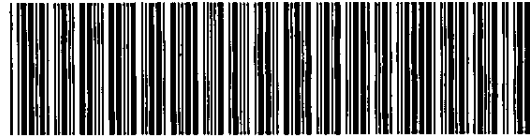
(Document Number)

Certified Copies _____

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2014 JAN 23 PM 12:08
SECRETARY OF STATE
FALLS CHURCH, VA

JAN 28 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C B CAFE 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:

BRUCE A. POLI
Name of Person

Firm/Company

4510 NETHERWOOD DR
Address

TAMPA, FL 33624
City/State and Zip Code

BPOLI2707@G-MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE POLI at (727) 424-1785
Name of Person Area Code Daytime Telephone Number

2014 JAN 23 PM 12:08
ST. JAMES CLERK
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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**

C B CAFE 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 AUG 3, 2012 and assigned
Florida document number L12000100143

This amendment is submitted to amend the following:

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

BRUCE POLI LLC

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)

4510 NETHERWOOD DR

TAMPA FL

33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4510 NETHERWOOD DR

TAMPA, FL

33624

**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:

New Registered Office Address:

Enter Florida street address

, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-------------|----------------|---------------------------------|
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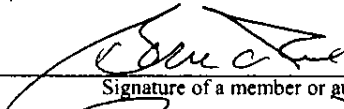
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE III
CHANGE FROM "FOOD SERVICE ESTABLISHMENT"
TO "ANY AND ALL LAWSUL BUSINESS"

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 21, 2014.



Signature of a member or authorized representative of a member
BRUCE A. TOLI

Typed or printed name of signee

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2014 JAN 23 PM 12:08
ST. JOHNS COUNTY
ALL DOCUMENTS
FILED