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J. SAULSBERRY EXAMINER

APR 22 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

The Floridian Tiki Bar 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:

Jenny Rissone

Name of Person

Pastry isArt

Firm/Company

12591 Biscayne Blvd

Address

North Miami, Fl 33181

City/State and Zip Code

info@pastryisart.com

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

For further information concerning this matter, please call:

Jenny Rissone

_{...},954、2638978

Name of Person

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our recor imited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on April 16, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Pastry is Art on the Bay LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20131 74111
(Principal office address MUST BE A STREET ADDRI	ESS)	
		5 -
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		52 10,
B. If amending the registered agent and/or registered registered agent and/or the new registered office addr	•	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	, Floi	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

The Floridian Tiki Bar LLC

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.

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 **Title Type of Action** <u>Name</u> Address Add Remove Add Remove Remove Remove Add Remove Add

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• • • • • • • • • • • • • • • • • • • •
Dated _	April 17, 2013
	Horno
	Signature of a member or authorized representative of a member
	JENNY RISSONE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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