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TALLAHASSEE, FLORIDA

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**

Name of Person

at ( **954** ) **2638978**

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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## Page 1 of 3

**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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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1411 AMASSETT ST  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

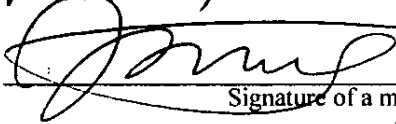
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Dated April 17, 2013



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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PALM BEACH COUNTY, FLORIDA