

**L13000059355**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

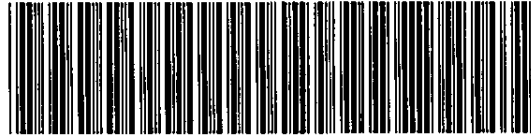
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13 JUL 22 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Cali Fresh 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:

**Billy G. Woody II**

Name of Person

**Cali Fresh Cafe LLC**

Firm/Company

**30011 Torrepines PL**

Address

**AGoura Hills, CA 91301**

City/State and Zip Code

**billy@califreshcafe.com**

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

For further information concerning this matter, please call:

**Billy Woody**

Name of Person

at ( **818** ) **399-3768**

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**

**Cali Fresh 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 3/23/2013 and assigned  
Florida document number L13000059355.

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:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Regina Orbezo	3103 Rio Vista Ave	<input type="checkbox"/> Add
		Tampa, FL 33614	<input checked="" type="checkbox"/> Remove
MGRM	Billy G. Woody II	30011 Torrepines PL	<input checked="" type="checkbox"/> Add
		Agoura Hills, CA 91301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

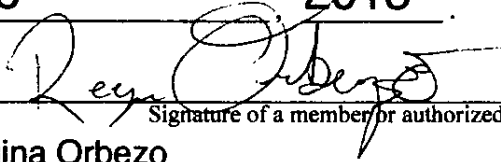
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Dated **July 16** **2013**



Signature of a member or authorized representative of a member

**Regina Orbezo**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**