

U300090955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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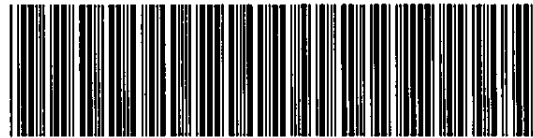
(Business Entity Name)

(Document Number)

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DEC 31 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JB's Bistro 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:

Michael or Nevene Tadros

Name of Person

JB's Bistro LLC

Firm/Company

603 Seventh Street S Atrium A

Address

St Petersburg FL 33701

City/State and Zip Code

mtadros75@gmail.com

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

For further information concerning this matter, please call:

Michael Tadros

at (708) 288-7443

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JB's Bistro 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 06/25/2013 and assigned
Florida document number L13000090955.

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)

11 Beach Dr SE

St Petersburg FL 33715

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:

11 Beach Dr SE

Enter Florida street address

St Petersburg, Florida

City

33715

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>
MGR	Michael Tadros	11 Beach Dr SE	<input type="checkbox"/> Add
		St Petersburg FL 33701	<input type="checkbox"/> Remove
		(changing address on file - 50% owner)	
MGR	Nevene Tadros	11 Beach Dr SE	<input type="checkbox"/> Add
		St Petersburg FL 33701	<input type="checkbox"/> Remove
		(changing address on file - 20% owner)	
MGR	Vincent Vitrano	1342 Snell Isle Blvd NE Apt 4	<input checked="" type="checkbox"/> Add
		St Petersburg FL 33704	<input type="checkbox"/> Remove
		(adding member - 30% owner)	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

We are changing the mailing address, mailing address for Michael and Nevene,
changing ownership percentage for Nevene, adding Vincent as owner of 30%

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 December 16, 2014



Signature of a member or authorized representative of a member

Michael Tadros

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FL 32317A