

L130000 955 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

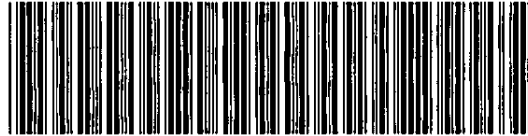
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100275485191

08/04/15--01009--027 \*\*25.00

FILED  
15 AUG -4 AM 10:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 06 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CAFE DES OLIVIERS, 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:

Marie Nannette Roman  
Name of Person  
CAFE DES OLIVIERS, LLC  
Firm/Company  
1700 w. woolbright road #6  
Address  
Boynton Beach FL 33426  
City/State and Zip Code  
VLACHAK9@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Nannette. ROMAN 561 685-8009  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CAFE DES OLIVIERS, 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 JULY 03, 2013 and assigned  
Florida document number L13000095536.

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 contain 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGMR	V, George A	1700 w. woolbright road #6	<input type="checkbox"/> Add
		Boynton Beach FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Marie Nannette Roman	1700 w. woolbright road #6	<input checked="" type="checkbox"/> Add
		Boynton Beach FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	V, George A	1700 w. woolbright road #6	<input checked="" type="checkbox"/> Add
		Boynton Beach FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 AUG - 40 AM 10:34  
STATE OF FLORIDA  
HALL COUNTY  
TALLAHASSEE, FL 32304

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

15 AUG -4 AM ID: 34  
SCHOOL OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 04/30/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/30/2015 1:00 p.m..

Signature of a member or authorized representative of a member

V, George A

Typed or printed name of signee

## CAFÉ DES OLIVIERS, LLC

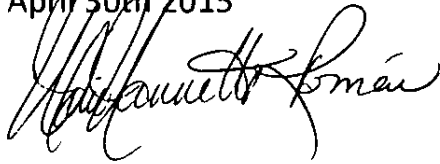
---

TO WHOM IT MAY CONCERN

I, Marie Nannette Roman, duly certify that I accept the appointment as  
Authorized Member Manager of CAFÉ DES OLIVIERS, LLC.

I am familiar with and accept the obligations of the position.

April 30th 2015



FILED  
15 AUG - 4 AM 10: 34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA