

L1400005777

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : M. BARR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAYSIDE GOURMET LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

MAR 26 2014

A. LUCIF

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BAYSIDE GOURMET 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 January 10, 2014

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LAHASSAEE, FLORIDA

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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: 141 South Hammock Road
Islamorada, FL 33036
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 141 South Hammock Road
Islamorada, FL 33036
(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: David Gillon
New Registered Office Address: 141 South Hammock Road
Enter Florida street address
Islamorada, Florida 33036
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.

David Gillon
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
AMBR	David Gillon	141 South Hammock Road	<input checked="" type="checkbox"/> Add
		Islamorada, FL 33036	<input type="checkbox"/> Remove
AMBR	John A. Gendell, Jr.	807 SW 18th Street	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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)*

Four horizontal lines for amending information.

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 March 25, 2014

David Gillon

Signature of a member or authorized representative of a member

David Gillon, Member

Typed or printed name of signer

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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