

L14000032474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

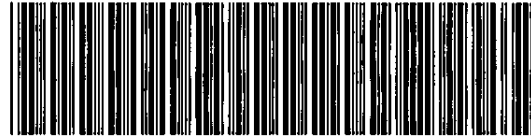
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 23 2014
D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **THREEFOLD 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:

Diana M Dubon

Name of Person

Threefold Cafe, LLC

Firm/Company

777 Brickell Ave Ste 702

Address

Miami, FL 33131

City/State and Zip Code

dianadique@hotmail.com

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

For further information concerning this matter, please call:

Diana M Dubon

Name of Person

at **(305) 746-7691**

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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THREEFOLD CAFE, LLC.

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHE SCOTT	777 BRICKELL AVE	☐ Add
		STE 702	☒ Remove
		MIAMI, FL 33131	
AMBR	TERESA SHARP	777 BRICKELL AVE	☒ Add
		STE 702	☐ Remove
		MIAMI, FL 33131	
MGR	NICOLA MAZZA	777 BRICKELL AVE	☒ Add
		STE 702	☐ Remove
		MIAMI, FL 33131	
MGR	CARMELA MAZZA	777 BRICKELL AVE	☒ Add
		STE 702	☐ Remove
		MIAMI, FL 33131	
			☐ Add
			☐ Remove

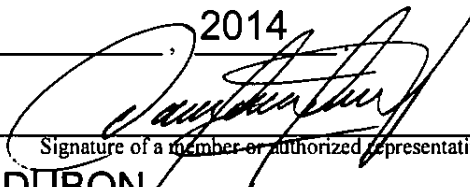
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FLORIDA

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

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 May 14th, 2014



Signature of a member or authorized representative of a member

DIANA M. DUBON

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA