

U400083334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

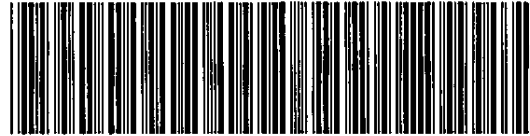
(Document Number)

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2014 AUG 28 PM 4:37
CLERK OF SUPERIOR COURT
JULIA M. S. FLORES

SEP 04 2014
J. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Charlie's Diner 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:

Valeria Thliveros

Name of Person

Firm/Company

141 Catherine Towers Lane

Address

St. Augustine, Florida 32092

City/State and Zip Code

vthliveros@yahoo.com

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

For further information concerning this matter, please call:

Valeria Thliveros

Name of Person

at **904** **386-5196**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Charlie's Diner 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 May 22, 2014 and assigned Florida document number L14000083334.

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)

141 Catherine Towers Lane
St. Augustine, Florida 32092

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:

Valeria Thliveros

New Registered Office Address:

141 Catherine Towers Lane

Enter Florida street address

St. Augustine

City

, Florida 32092

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.

Valeria Thliveros
If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE _____

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>
AMBR	Charlie Mardant	8929 Phillips Highway	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
AMBR	Peter Thliveros	141 Catherine Towers Lane	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
AMBR	Valeria Thliveros	141 Catherine Towers Lane	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<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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