## Florida Department of State

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From:	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	4 9: 42 F107:10

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIACOMO'SLOUNGES,LLC

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K.SALY EXAMINER AUG 25 2014

### **COVER LETTER**

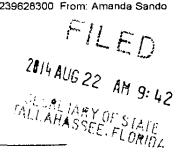
TO:		stration Section of Corp						
CHDIE	GIACOMO'S LOUNGES, LLC							
SUBJE	C1; _		Name of Limi	ited Liability Company				
	ì			,				
The enc	losed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please r	eturn a	ili correspon	dence concerning this matter	to the following:				
			Cheyenne Moseley					
				Name of Person				
			Legalzoom.com, Inc.					
				Firm/Company	<del></del>			
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				Address	<del></del>			
			Glendale, CA 91210					
				City/State and Zip Code				
			rlugoatb@gmail.com	to be used for future annual report notif	ication)			
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Imelda	Vasq	uez		323 962-8600 ea				
		Name of I	Person	Area Code Daytime	Telephone Number			
Enclose	d is a	check for the	following amount:					
□ <b>\$</b> 25	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C \$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

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



GIACOMO'S LOUNGES, 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 Co	ompany were filed on 07/30/2014	and assigned
Florida document number 114000119359	<b>_</b> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDR.	ESS)	
	··· <u>·</u> ·····	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	ered office address on our reco	ds, enter the name of the new
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
<del></del>	City , ]	Florida
	CH)	Zip Com

#### 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>	Address	Type of Action
AMBR	MALIK WINN	629 BAYVIEW DRIVE	
		LONGBOAT KEY, FL 34228	<b>™</b> Remove
	·		□ Remove
			Remove OR Remove 9: 42
			Remove
			Remove
			□ Remove
			☐ Remove
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D.	). If amending any other information, enter change(s) here: (Attach additional sheets, if necess							
	-							
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E.	Effect (The effect) the dat	ctive date, if other than the date of filing:  [Option of the content of the cont	t <b>ional)</b> 5 after					
	Dated	d						
		Signature of a member or authorized representative of a member						
		Ryan Lugo						
		Typed or printed name of signee						

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Filing Fee: \$25.00

