

L14000 121518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

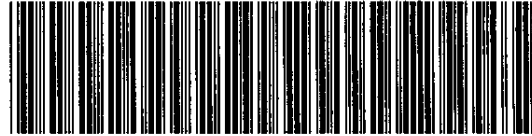
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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06/21/16--01018--028 \*\*43.75

FILED  
16 JUL 29 PM 5:10  
TALLAHASSEE, FLORIDA

Y.S.  
Aug 01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2016

LAURA BONILLA  
1895 FAIRFIELD BEACH ROAD  
FAIRFIELD, CT 06824

SUBJECT: SUPER DUPER GRUB CAFE, LLC  
Ref. Number: L14000121518

We have received your document for SUPER DUPER GRUB CAFE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 816A00013178

COVER LETTER

TO: Registration Section  
Division of Corporations

2016 JUL 29 PM 2:51

SUBJECT: \_\_\_\_\_

Super Duper Grub 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:

LAURA BONILLA

Name of Person

Super Duper Grub

Firm/Company

1895 Fairfield Beach Rd

Address

Fairfield CT 06824

City/State and Zip Code

laura.superdupergrub@gmail.com

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

For further information concerning this matter, please call:

LAURA BONILLA

Name of Person

at (203)

Area Code

526 0656

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

*Super Duper Grub Cafe*

(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 8/1/14 and assigned  
Florida document number \_\_\_\_\_.

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>
Mgr. Member	JEAN Wilco	1681 SW 52 <sup>nd</sup> way	<input type="checkbox"/> Add
		Plantation FL 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
16 JUL 29 PM 5:18  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY  
FLORIDA

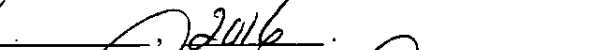
16 JUL 29 PM  
DIVISION OF  
TALLAHASSEE, FL

16 JUL 29 PM 5:18  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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 7/5/16, 2016.

  
Signature of a member or authorized representative of a member

LAURA A. BONILLA  
Typed or printed name of signee