# L14000125631

(Re	questor's Name)	<del>-</del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	· )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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JAN 23 2015

S. YOUNG



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2015

ANGELA S JOACHIM 10427 E PATIENCE LANE INVERNESS, FL 34450

SUBJECT: AL\_FANTASEA, LLC Ref. Number: L14000125531 RECEIVED

15 JAN 21 AM 10:-00

BUREAU OF CONNERCIAL
BUREAU OF CONNERCIAL
BUREAU OF CONNERCIAL

We have received your document for AL\_FANTASEA, LLC and your check(s) totaling \$52.50. 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 your filing will be considered abandoned.

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

Shelia H Young Regulatory Specialist II

Letter Number: 615A00000190

## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: AL	- Fantaser	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Angela	S. Jonching	)
	AL- FAN	firm/Company	
	16427 8.	Portience LA	me
	Invernes	State and Zip Code	
	Bootleggers_ E-mail address: (i	bar and gril	(1 D outlook com
For further information co	oncerning this matter, please ca		ASSET OF LE
Angela Name of	5, JOAChin	1 at (352) 470 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

AL-FANTASE	A. LLC
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u> </u>	ny were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
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 registered agent and/or the new registered office address have of New Registered Agent:	office address on our records, enter the name of the new tere:
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	City , Florida
New Registered Agent's Signature, if changing Registered Age	nt:
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off.	as provided for in Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	Ş
Īf C	hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<sup>1</sup> Title	Name	Address	Type of Action
<u>PCE0</u>	Lee F. Danielson	10427 E Patiencel	<u>n</u> □Add
		Inverness AL 34450	□ Remove
VC+0	Angela S. JoAchim	10427 & Patience In Inverness +1 3445	
		Inverness +1 3445	60 □ Remove
			REMOVE TO LET
			TO BE OF
			Remove
			Remove
			□ Add
			□ Remove
			·

D.	If ame	anding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•_	
	_	
	_	
	_	
E.	(The effe	ive date, if other than the date of filing:
	Dated	
		Angela) S. Youchin
		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE ORDA

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