

L15000009940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800270189128

03/16/15--01006--014 **30.00

FILED
15 MAR 16 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 2015 6:00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SUGGARS RESTAURANT AND LOUNGE OF FORT MYERS 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:

MARTHA M COLOMA

Name of Person

ALL FLORIDA FINANCIAL LLC

Firm/Company

12001 S CLEVELAND AVE STE 4

Address

FORT MYERS, FL 33907

City/State and Zip Code

MCOLOMA@COMCAST.NET

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

For further information concerning this matter, please call:

MARTHA M COLOMA

Name of Person

at (239)

Area Code

995-7500

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**

SUGGARS RESTAURANT AND LOUNGE OF FORT MYERS 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 01/16/2015 and assigned Florida document number L15000009940.

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)

1920 BOYSCOUT DR

FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12001 S CLEVELAND AVE

STE 4

FORT MYERS FL 33907

FILED
15 MAR 16 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ALL FLORIDA FINANCIAL LLC

New Registered Office Address: 12001 S CLEVELAND AVE STE 4

Enter Florida street address

FORT MYERS, Florida 33907

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.

Martha M. Colon
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>	<u>Address</u>	<u>Type of Action</u>
MGR	VIATIARE V SAMPER	12651 METRO PARKWAY STE A	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input checked="" type="checkbox"/> Remove
MGR	JOSE MIGUEL BERNABE	12001 S CLEVELAND AVE STE 4	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33907	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 MAR 16 PM 4:58

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 MARCH 4TH, 2015.

Martha M Coloma

Signature of a member or authorized representative of a member

MARTHA M COLOMA, MANAGING MEMBER

Typed or printed name of signee

FILED
15 MAR 16 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA