

05/28/2015

13:09

TO:18506176383 FROM:8888888888

Page: 2

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L1500009940

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000128343 3)))



H15000128343ABC.

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : ALL FLORIDA FINANCIAL LLC
 Account Number : I20150000049
 Phone : (239)995-7500
 Fax Number : (239)303-4858

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2015 MAY 28 AM 4:32

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SUGGARS RESTAURANT AND LOUNGE OF FORT MYERS
 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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 TALLAHASSEE, FLORIDA

MAY 29 2015
 J. HARRIS

05/28/2015 13:09 TO:18506176383 FROM:8888888888

Page: 1

- Fax Transmission

To: FLORIDA DEPARTMENT OF STATE

From: All Florida Financial LLC

Fax: 18506176383

Date: 5/28/2015

RE: SUGGARS RESTAURAN & LOUNGE OF FORT MYERS LLC **Pages:** 5

Comments:

**ARTICLES OF AMENDMENT
TO
(((H15000128343 3))) 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 JANUARY 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 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)

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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:

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:

((H15000128343 3)))

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JOSE M. BERNABE	12001 S. CLEVELAND AVE STE 4	<input type="checkbox"/> Add
		FORT MYERS, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAYLIN MADRIGAL	12001 S. CLEVELAND AVE STE 4	<input type="checkbox"/> Add
		FORT MYERS, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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05/28/2015

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 27TH, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

二、三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。

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