

LIS000026296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

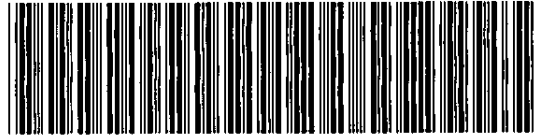
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECTION OF COURT CLERKS

AUG 12 2015

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Date: 08/11/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: 9020298

ENTITY NAME: Doc B's Restaurant 003 LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: \$25

Signature: Michelle Walker

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOC B'S RESTAURANT 003 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:

ELIZABETH B. ZYDEL

Name of Person

THOMPSON COBURN LLP

Firm/Company

55 E. MONROE STREET, 37TH FLOOR

Address

CHICAGO, IL 60603

City/State and Zip Code

EZYDEL@THOMPSONCOBURN.COM

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

For further information concerning this matter, please call:

ELIZABETH B. ZYDEL

312 580-2336

Name of Person

at ()

Area Code

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

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	CRAIG BERNSTEIN	111 W. ILLINOIS STREET	<input type="checkbox"/> Add
		5TH FLOOR	<input type="checkbox"/> Remove
		CHICAGO, IL 60654	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLARK COUNTY FLORIDA
CLERK OF COURT
Add
Remove
Change

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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 August 10th, 2015

C. J. B.

Signature of a member or authorized representative of a member

CRAIG BERNSTEIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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