

L15000034636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

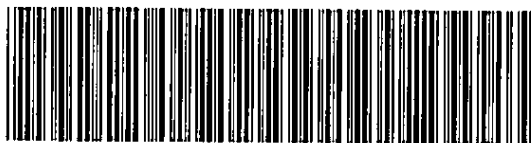
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327218121

04/05/19--01015--036 **25.00

FILED
19 MAY 10 PM 4:58
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

O SIMMONS
MAY 16 2019



8211 WEST BROWARD BOULEVARD, SUITE 440
PLANTATION, FLORIDA 33324
PHONE 954.321.9991 FAX 954.321.9994
E-MAIL mrothbard@rothbardcpa.com
www.rothbardcpa.com

May 10, 2019

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Spaghetti Coral Springs, LLC
Ref. Number: L15000034636

Dear Ms. Simmons,

In regards to our most recent conversation on May 10, 2019, we are going to resubmit the Articles of Amendment to Articles of Organization for Spaghetti Coral Springs LLC to change the name to Spaghetti Kitchen LLC.

A check for the amount of \$25.00 was already submitted. A copy of the check has been included for your reference.

If you have any questions or require additional information or would like to discuss this matter in more detail, please contact me at 954-321-9991

Sincerely,

Martin Rothbard, CPA
Rothbard & Company, LLC

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPAGHETTO CORAL SPRINGS 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:

MARTIN ROTHBARD

Name of Person

ROTHBARD & COMPANY LLC

Firm/Company

8211 WEST BROWARD BLVD. STE 440

Address

PLANTATION, FL 33324

City/State and Zip Code

MROTHBARD@ROTHBARDCPA.COM

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

For further information concerning this matter, please call:

MARTIN ROTHBARD

954

321-9991

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SPAGHETTO CORAL SPRINGS 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 02/24/2015 and assigned
Florida document number L15000034636.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SPAGHETTO KITCHEN LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
MAY 10 10 58 AM '08
FBI - MEMPHIS

FILED
MAY 10 PM 4:58
FBI - ALBANY

FILED
MAY 10 PM 4:58
FBI - TAMPA

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.

Dated April 1, 2019

Signature of a member or authorized representative

Fabio Cragnotti

Typed or printed name of signee