

L15000036135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

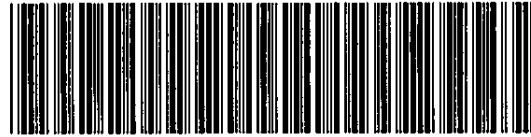
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100277594621

10/01/15--01011--016 **25.00

L15-36135
Amend

FILED
15 OCT -1 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -2 2015
N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLAT TOP LARRY'S I 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:

LARRY LARE
Name of Person
FLAT TOP LARRY'S
Firm/Company
2577 FIRST STREET
Address
FORT MYERS FL 33901
City/State and Zip Code
JBASERVA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE BASERVA at (239) 810 2394
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLAT TOP LARRY'S I 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 02/26/2015 and passed
Florida document number L 15000036135

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)

2577 FIRST ST

FORT MYERS

FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2577 FIRST ST

FORT MYERS

FL 33901

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>
MGR	JOSE BASERVA	2577 FIRST STREET	<input checked="" type="checkbox"/> Add
		FT. MYERS FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AURI DAVILA	213 NE 9TH PL	<input checked="" type="checkbox"/> Add
		CAPE CORAL FL 33909	<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
OCT 1 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT - 1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT - 1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRET

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated SEPTEMBER 29, 2015.

Very Love

Signature of a member or authorized representative of a member

LARZ, LARZ

Typed or printed name of signee