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SECRETARY OF STATE
TALLAHASSEE, FLORING

ONNIL & 2015

COVER LETTER

	tration Section of Corp				
SUBJECT:	₋uca's Ta	pas,LLC			
		Name of Lim	ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspond	dence concerning this matter	to the following:		
		Luca Misciasci			
			Name of Person	<u> </u>	
		Luca's ON CE	NTRE, LLC		
			Firm/Company		
		614 Centre Street			
			Address		
		Fernandina Beach,	FL 32034		
			City/State and Zip Code	Pro Da	
		kimmisciasci@aol.co			
		E-mail address: (to be used for future annual report notifica	ition) #E	1
For further info	ormation cor	cerning this matter, please ca	all:	2015 JUN 18 SECRETARY ALLAHASSE	
Kim Miscia	ısci		904 335-1505	E D	FILE
	Name of I	Person	Area Code Daytime T	Celephone Number R. V.	
Enclosed is a c	check for the	following amount:		,	
□ \$25,00 Fil.	ing 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



RECEIVED

15 JUN 18 PM 3: 43

FLORIDA DEPARTMENT OF STATE Division of Corporations

"SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 2, 2015

LUCA MISCIASCI 614 CENTRE STREET FERNANDINA BEACH, FL 32034

SUBJECT: LUCA'S TAPAS, LLC Ref. Number: L15000040188

We have received your document for LUCA'S TAPAS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words. "Limited Liability Company," the abbreviation "L.L.C.", or the designation 工作C"是 The following suffixes are no longer acceptable: "Limited Company," 上记C.," "Ltd.," and "Co."

The document number of the name conflict is L06000101628.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00011524

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luca's Tapas, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000040188</u>	were filed on 03/04/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Luca's ON CENTRE, LLC	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility 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 of registered agent and/or the new registered office address here		r the name of the new
registered agent and/or the new registered office address here	ē •	
Name of New Registered Agent:		28 15 SEC
New Registered Office Address:	Enter Florida street address Florida	JEN 18
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	,02	S Si O
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		**************************************	□ Remove
			□ Add
		**************************************	Remove
			□ Add
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE