L150000 76024

(Requ	uestor's Name)	
(Addı	ess)	-
(Addı	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

	ision of Cor			
SUBJECT:	GEOFFRE	YS CUISINE BY DESIGN LL	c	
sepuler.		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		JEFFREY PODOJIL		
		The state of the s	Name of Person	
		GEOFFREYS CUISINE E	BY DESIGN LLC	
			Firm/Company	
		1112 CHANNELSIDE DE	R NUM CU5	
	•		Address	
		TAMPA, FL 33602	, 	
			City/State and Zip Code	
		geoffreysfloral@verizon.ne		
			to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
JEFFREY P	ODOJIL		813 868-3737	
	Name of	Person	at () Area Code Daytime	Telephone Number
				•
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

GEOFFREYS CUISINE BY DESIGN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(7110	rida istimica istasinity company)			
The Articles of Organization for this Limited Liability	y Company were filed on 05/18/2015	and assigned		
Florida document number L15000076024				
Piorida document number				
This amendment is submitted to amend the following	<u>;</u>			
A. If amending name, enter the new name of the l	imited liability company here:			
GEOFFREY'S FLORAL & EVENTS GEOFFREYS CU	JISINE BY DESIGN 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 AD	DRESS)	and the same of th		
12 - Melput Office undirent NICOL Did (1801 NICE 1710		5,		
	,	Tree 1 See		
		anda.		
Enter new mailing address, if applicable:				
·				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
		தி. ம		
B. If amending the registered agent and/or re	gistered office address on our re	cords, enter the name of the new		
registered agent and/or the new registered office a	ddress here:			
·				
Name of New Registered Agent:				
Name of New Registered Agent.		·		
New Registered Office Address:				
	Enter Florida street	address		
	, Florida			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Register	ered Agent			
ivew registered regent a signature, if changing regist	ered Agent.			
I hereby accept the appointment as registered age				
provisions of all statutes relative to the proper and				
accept the obligations of my position as registered		•		
being filed to merely reflect a change in the regist company has been notified in writing of this change		m inai ine iimiied habiiliy		
company nas oeen noujiea in writing of this chan;	Kr.			

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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
 			□ Add
			Remove
			Change
AND THE RESERVE ASSESSMENT ASSESS			Add
			Remove
			☐ Change
			Add
			Remove
		the contract of the contract o	□ Change
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable	te of thing or more that	(option: n 90 days after fili irements, this da	ing.) Pursua	nt to 605 t be liste	5.0207 ed as t
		effective time,	at 12:01 a.n	n. o n the	e earlie	er of:
ne record specifies a delayed e The 90th day after the record						•
	7/1 2016		0			

Page 3 of 3

Filing Fee: \$25.00