

L15000089465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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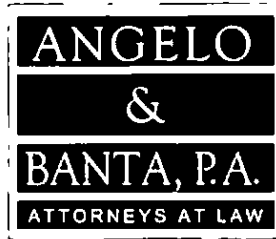
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SECRETARY OF STATE  
TALLAHASSEE, FL  
17 DEC 14 AM 11:03



James W. Carpenter, Esq.  
Email: [jwc@angelolaw.com](mailto:jwc@angelolaw.com)

December 13, 2017

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

*Re: 1515 SUNSET RESTAURANT, LLC, a Florida limited liability company – Articles of  
Amendment to Articles of Organization*

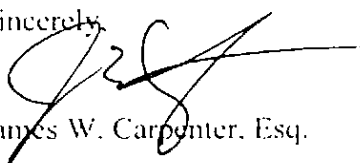
To Whom It May Concern:

With respect to the above referenced entity and the related amendment described, enclosed please find the original Articles of Amendment to Articles of Organization for 1515 SUNSET RESTAURANT, LLC, a Florida limited liability company, together with our firm's Check No. 25574 in the amount of \$25.00 as payment for your filing fee.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,



James W. Carpenter, Esq.

*Enclosures*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1515 SUNSET RESTAURANT, 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:

JAMES W. CARPENTER  
\_\_\_\_\_  
Name of Person  
  
ANGELO & BANTA, P.A.  
\_\_\_\_\_  
Firm/Company  
  
515 E. LAS OLAS BLVD. SUITE 850  
\_\_\_\_\_  
Address  
  
FORT LAUDERDALE FL 33301  
\_\_\_\_\_  
City/State and Zip Code  
  
jwc@angelolaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES W. CARPENTER                      954              766-9930  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)              Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

1515 SUNSET RESTAURANT, 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 MAY 20, 2015 and assigned  
Florida document number L15000089465.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

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>
AMBR	LEFANO A ELIA	2816 N.E. 36TH STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS P. ANGELO	515 E. LAS OLAS BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 850	<input type="checkbox"/> Remove
		FORT LAUDERDALE FL 33301	<input type="checkbox"/> Change
MGR	CATHERINE H. LORIE	515 E. LAS OLAS BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 850	<input type="checkbox"/> Remove
		FORT LAUDERDALE FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

(b) The 90th day after the record is filed.

\_\_\_\_\_, 2017



Signature of a member or authorized representative of a member

THOMAS P. ANGELO, AUTHORIZED REPRESENTATIVE

**Filing Fee: \$25.00**