

L150001 32997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

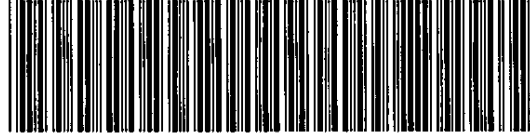
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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JUN 19 2015
BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AQUA VITAE ITALIAN 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:

Jacqueline Sandoval

Name of Person

Services Unlimited

Firm/Company

22095 US HWy 19

Address

Clearwater, FL 33765

City/State and Zip Code

servicesunlimited2011@gmail.com

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

For further information concerning this matter, please call:

Jacqueline Sandoval

727
at ()

6452856

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

AQUA VITAE ITALIAN 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 08/04/2015 and assigned
Florida document number L15000132997.

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)

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:

JACQUELINE SANDOVAL

New Registered Office Address:

22095 US HWY 19

Enter Florida street address

CLEARWATER

City

, Florida 33765

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	CHARLES SIENKIEWICZ	120 COMMERCE BLVD	<input type="checkbox"/> Add
		OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARIA CURRI	120 COMMERCE BLVD	<input checked="" type="checkbox"/> Add
		OLDSMAR, FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2009 JUL 9 PM 2:13
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2018 JUL 13 PM 2:13
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

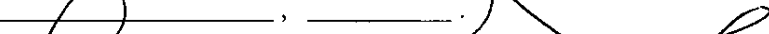
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TALLAHASSEE, FLORIDA

(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.

Dated JULY 14TH, 2016



Signature of a member or authorized representative of a member

JACQUELINE SANDOVAL

Typed or printed name of signee