

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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534				

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06/16/16--01016--002 \*\*25.00





June 17, 2016

ELTON MELO V BISTRO JAX LLC 9726 TOUCHTON ROAD #105 JACKSONVILLE, FL 32246

SUBJECT: OASIS BILLIARDS AND SEAFOOD LLC

Ref. Number: L15000147680

We have received your document for OASIS BILLIARDS AND SEAFOOD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

V BISTRO JAX LLC

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.

Letter Number: 116A00012786

Shelia H Young Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Corpo			
SUBJECT: V Bis	tro Jux	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Elton	Melo Name of Person	
		BISTRO JAY Firm/Company	L. L C
		OUCHTON RU) Address	
	24	Y FC 32246  City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	dl:	
ELTON	MELO	at (904) 415- Area Code Daytime	8071
Name of P	erson	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

V Bistro Dax Luminod Linkillin Compa	nv as it now appears on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number 415000147680		
· ··· amorament is submitted to amond the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Lamited Liabit	• • • • •	
Enter new principal offices address, if applicable:	9726 Touchton	Rc #105
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FC	- 32246
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9726 Touchton R Souksanville, FC-	d #105 32246
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		25 - TO
New Registered Office Address:	Enter i lorida street address	SSE SE
		22.600
New Registered Agent's Signature, if changing Registered Agent:	seed# t	Gri. ro
i nevery accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee w we in ims capacity. I juitaet ag performance of my duties, and I am i	ree io compiy wiin ine familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 chance.

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 AMRD - Authorized Momber Type of Action Title Address Name □ Add \_ 🗖 Remove ☐ Change \_\_\_\_ Add ☐ Remove Change Change Change St. C. S. Add D - 9ve B Remove \_ 🗆 Remove \_D Change □ Add □ Remove □ Change 

□ Remove

□ Change

). If amending any other information, enter change(s) here: (Attach add	itional sheets, if necessary.)	
	· ————————————————————————————————————	
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	# <u>E</u>	10
	<u>, sc</u>	9 7
		7.
		.75
Effective date, if other than the date of filing:   Ob 16 16  Of an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records	(ontions).  more than 90 days after filme.) Pursuant to 605, ing requirements, this date will not be liste	0207-03 ; x0 as un;
he record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earile	er of:
Dated 9-9-16		
Signature of a member or authorized representati	ve of a member	
Elton Melo		

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Filing Fee: \$25.00