

L15 000156363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

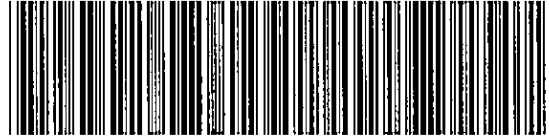
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wilson Saint Louis
Advised that he
Cancelled the NEW
Filing W12000003 B14
After being rejected...!
Office Use Only



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FILED
2020 APR 20 AM 2:26

CLS
Amend/Name
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APR 30 2020
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALP2 Caribbean Restaurant and Lounge 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:

Wilson, Saint Louis
Name of Person

Firm/Company

1428 E Fletcher Ave Tampa FL 33612
Address

WTsaintlouis@hotmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilson Saint Louis at (813) 270-1239
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALEZ Caribbean Restaurant and Lounge 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 09-14-2015 and assigned Florida document number L15000156363.

This amendment is submitted to amend the following:

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

ALEZ Caribbean Bistro 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 ADDRESS)

1428 E Fletcher Ave
Tampa FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. box 8644
Tampa FL 33674

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:

Patricia R. Janis

New Registered Office Address:

1407 E Linebaugh Ave A Tampa FL 33612
Enter Florida street address

Tampa
City

Florida

33612
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.

Patricia R. Janis

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	Davidson Prevot	1428 E Fletcher Ave Tampa FL 33612	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilson Baintous	10502 N Central Ave Tampa FL 33612	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gertha Dolcine	813 Cristofle Jean Dr Ruskin FL 33570	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R.A.	Accountax pro	7402 N 56th St Suite 825 Tampa FL 33617	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R.A.	Patricia ReJours	1407 E Lincolnton Ave N Tampa FL 33612	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NEW EIN number 85-0621221

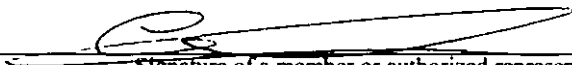
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 15, 2020.



Signature of a member or authorized representative of a member

Wilson Saint Louis

Typed or printed name of signee

Business Bill of Sale (Purchase Agreement)

- I. **The Parties.** This document was signed on the 2 day of April, 2020 between 12:00 pm with a street address of 1428 E fletcher ave City of Tampa, State of Florida (Hereinafter known as the "Buyer") and Wilson SaintLouis with a street address of 10902 N 26th St City of Tampa, State of Florida (Hereinafter known as the "Seller").
- II. **The Business.** Seller acknowledges they have the right to sell the business entity known as Alez caribbean restaurant incorporated in the State of Florida with a principal office located at 1428 E fletcher ave City of Tampa, State of Florida along with all it's assets, shares, ownership interest, personal property, employees, leases, contracts, trademarks, copyrights, and any other tangible or intangible interest (Hereinafter known as the "Business").
- III. **Purchase Price.** The Buyer and Seller agree to a purchase price of \$25,000 (US Dollars) to be acceptable for the sale of the Business. The Buyer agrees to make the funds available on the day of the transfer of the Business known as the 27 day of April, 2020. Before, during, and after the sale, the Seller agrees to do everything in their power to educate the Buyer about the practice of the Business.

Buyer Signature [Signature] Date 4-2-20 Print Wilson SaintLouis

Seller Signature Davidson Preat Date 04/02/20 Print DAVIDSON Preat
Witness Signature [Signature] Date 4-2-20 Print Patricia Raynor
Witness Signature Alina Beauvoir Date 4-2-20 Print Alina Beauvoir

Certificate of Acknowledgement

State of Florida
County of Hillsborough

On the 02 day of April, 2020 before me, Shirell Blocker,
personally appeared, Wilson Saint Louis, Davidson Preat, proved to me
on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed
the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s) or the entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and official seal,

[Signature]
(Notary Signature)



Shirell Blocker
(Print Name)

My Commission Expires: 9/13/2020
(seal)