

L15000 164409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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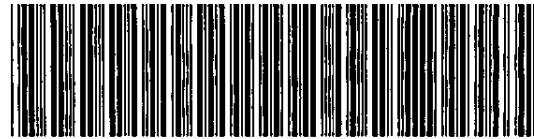
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2017 FEB 13 P 3:18
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

S Warren
FEB 14 2017

SUBJECT: TASTERIA, 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:

JEAN JACQUES CHABERT

Name of Person

FMIC INVESTMENTS, LLC

Firm/Company

10801 CORKSCREW RD, STE 81

Address

ESTERO, FL 33928

City/State and Zip Code

BONAPPETITFRENCHBISTRO@HOTMAIL.COM

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

For further information concerning this matter, please call:

JEAN JACQUES CHABERT

239 244-7167
at ()

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/COURIER ADDRESS:

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

TASTERIA 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 SEPTEMBER 25, 2015 and assigned
Florida document number L15000164409.

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:

10801 CORKSCREW RD, STE 81,

(Principal office address MUST BE A STREET ADDRESS)

ESTERO, FL 33928

Enter new mailing address, if applicable:

10801 CORKSCREW RD, STE 81,

(Mailing address MAY BE A POST OFFICE BOX)

ESTERO, FL 33928

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:

ANTHONY P. LISTROM, ESQ.

New Registered Office Address:

877 91ST AVE NO, STE 2

Enter Florida street address

NAPLES

City

Florida 34108

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

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TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HANSPETER CLAVADETSCH	5104 LOCKWOOD RIDGE RD, S'	<input type="checkbox"/> Add
		SARASOTA, FL 34234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARGARETE LEESER	5104 LOCKWOOD RIDGE RD, S'	<input type="checkbox"/> Add
		SARASOTA, FL 34234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEAN JACQUES CHABERT	9091 MORRIS RD	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCOISE MAURICE	9091 MORRIS RD	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Lined area for document content.

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

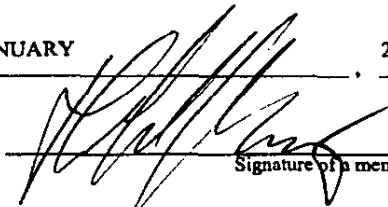
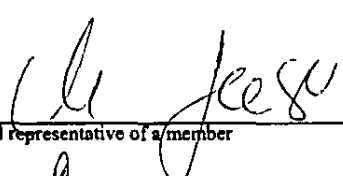
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JANUARY _____, 2017

 
Signature of a member or authorized representative of a member

H. CAVADEISCHER LEESER
Typed or printed name of signee

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TAMARAC, FLORIDA