

9/30/2016

Division of Corporations

L16000243548

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RICHARD FRANZBLAU LLC
Account Number : I20120000050
Phone : (407)770-2520
Fax Number : (321)413-0300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EVERMORE CAFE LLC**

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COVER LETTER

H16000241553

TO: Registration Section
Division of Corporations

SUBJECT:

Evermore Cafe 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:

Laura Gurdian
Name of Person

Firm/Company

1871 Emerson Ridge Road Apt 203
Address

Celebration, FL 34747
City/State and Zip Code

laura.gurdian@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Gurdian at (203) 253-2818
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Evermore Cafe 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 2/4/16 and assigned
Florida document number L16000025048.

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)

325 West Bay Drive Unit 4B
Largo, FL 33771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

325 West Bay Drive Unit 4B
Largo, FL 33771

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:

Santos Alicea

New Registered Office Address:

325 West bay Drive UNIT 4B

Enter Florida street address

Largo

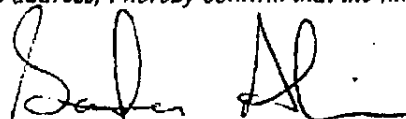
City

Florida

33771
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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It authorizing Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
Mr.	Nazim ALI	1087 Hidden Harbour Lane	<input type="checkbox"/> Add
		Kissimmee, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ms	Laura Gurdian	1871 Emerson Ridge Rd	<input type="checkbox"/> Add
		Apt. 203	
		Celebration, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	Santos Alicea	5320 59th Cir E Apt. D8	<input checked="" type="checkbox"/> Add
	(AMBR)	Kenneth city FL 33709	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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

9/27/16

Laura Guroian

Signature of a member or authorized representative of a member

Laura Guroian

Typed or printed name of signer

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