

L16000069755

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(Business Entity Name)

(Document Number)

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 10 PM 12:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbean Breeze Flavor 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:

Abson Laurent
Name of Person

Caribbean Breeze flavor LLC
Firm/Company

104 West Oak Ridge rd
Address

Orlando FL 32809
City/State and Zip Code

Abson_050@yahoo.fr
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abson Laurent at (407) 272-1810
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

16 AUG 10 PM 12:18
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

Caribbean Breeze Flavor 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 04/07/2016 and assigned Florida document number L16000069755.

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)

110 West Oak Ridge Rd
Orlando FL 32809 #104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

410 Buchanan Ct
Orlando FL 32809

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:

Adam Lammert

New Registered Office Address:

110 West Oak Ridge Rd
Enter Florida street address
Orlando, Florida 32809
City 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

MGR = Manager
AMBR = Authorized Member

U.S. DEPT. OF STATE
SECRETARY OF STATE
FALL 1918

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

ITS just I miss place where I should
of put on my name in true application
~~now~~ I have to (Adminen) Amende
to add my name and my wife
in to the Paper.

15 AUG 10 PM 12:18

DEPT. OF STATE
RECORDS SECTION
FLOOR 10

E. Effective date, if other than the date of filing: 08/04/16 (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

08/04/16

Abson Laurent

Signature of a member or authorized representative of a member

ABSON LAURENT

Typed or printed name of signee