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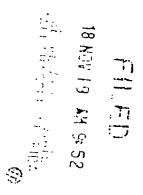
| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T SCHROEDER

## **COVER LETTER**

| FO: Registration Section Division of Corporations  |
|--|
| SUBJECT: OLE TIME CAFE LLC  Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fec(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| RICHARD RATTS Name of Person   |
| OLE TIME CAFE LLC Firm/Company   |
| 100 CHORCH AUG<br>Address  |
| ENGLEWOOD FL 34223 City/State and Zip Code   |
| ENG-LEWOOD F1 34223  City/State and Zip Code  RICHARD PATTS O VAHOO, com  E-mail address: (to be used for future amount report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person at (8/2) 360/525  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

| OLE TIME CAFE L   | LC  |             |
|---|---|-------------|
| (Name of the Limited Liability Company as it now<br>(A Florida Limited Liability Company)   | s appears on our records.)<br>mpany)  |             |
| The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L/6000//6734}{}$ .        | d on and assig  | jned        |
| This amendment is submitted to amend the following:   |   |             |
| A. If amending name, enter the new name of the limited liability comp   | oany here:  |             |
| The new name must be distinguishable and contain the words "Limited Liability Compan  | y," the designation "LLC" or the abbreviation "L.L.                                   | C."         |
| Enter new principal offices address, if applicable:   |   |             |
| (Principal office address MUST BE A STREET ADDRESS)   |   |             |
|   | ¥   | 11          |
|   | 1 5   |             |
| Enter new mailing address, if applicable:   | مع  |             |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u> </u>  |             |
| <del></del>   | \$10.5<br>\$2.5<br>\$4.5<br>\$5.5<br>\$4.5<br>\$4.5<br>\$4.5<br>\$4.5<br>\$4.5<br>\$4 |             |
| B. If amending the registered agent and/or registered office adding registered agent and/or the new registered office address here: | ress on our records, enter the name of  | f the new   |
| Name of New Registered Agent:   |   | <del></del> |
| New Registered Office Address:  | inter Florida street address  | <u></u>     |
|   | , Florida   |             |
| City  | Zip Code  |             |
| New Registered Agent's Signature, if changing Registered Agent:   |   |             |

If Changing Registered Agent, Signature of New 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 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>  | Name           | Address                                      | Type of Action |
|---------------|----------------|--|----------------|
| <u>AM B</u> R | NICK J LALONDE | 1350 FORKED CREEK DR.<br>ENGLEWOOD FL. 34223 |                |
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| ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable statu cument's effective date on the Department of State's records. |   |
| record specifies a delayed effective date, but not an effice of the 90th day after the record is filed.  | ective time, at 12:01 a.m. on the earlier |
| ted NOV-1-2018.  Signature of a member or authorized repr  | resentative of a member                   |

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Filing Fee: \$25.00