

L16000153783
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

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

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16 SEP -6 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KATZNERS CAFE & DELICATESSEN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

H16000221173

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: KATZNERS CAFE & DELICATESSEN, 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:

ALAN ADAMS

Name of Person

Firm/Company

10817 SOUTH JOG ROAD, SUITE 246

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

colb@live.com

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

For further information concerning this matter, please call:

ALAN ADAMS

at (917) 952-0150

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 32301FILED
16 SEP - 6 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

KATZNERS CAFE & DELICATESSEN, 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 AUGUST 17, 2016 and assigned Florida document number L16000153783.

This amendment is submitted to amend the following:

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

ALAN'S DELITERRANHAN CAFE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter now principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

10817 SOUTH JOG ROAD

SUITE 246

BOYNTON BEACH, FL 33437

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10817 SOUTH JOG ROAD

SUITE 246

BOYNTON BEACH, FL 33437

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:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

Now 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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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

FILED

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)

Notes: 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 **AUGUST 31**

2016

~~Signature of a member or authorized representative of a member~~

ALAN ADAMS

Typed or printed name of signee

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