# 114000165087

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Littly Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
·	
	į





100291075381

10/14/16--01011--006 \*\*25.00

AND RECORD STATES OF THE COMMENT OF STATES.

OCT 1. NARRIS

## **COVER LETTER**

TO: Registration Section Division of Corpo	
SUBJECT: Bon-	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Suzanne M. Banhave Name of Person
	Notures Way Cafe Finh/Company
•	3731 FAU Blvd # 10
	Boca Raton FL 33431  City/State and Zip Code
	Smb 9090 e hotmail - (or E-mail address: (to be used for future annual report notification)
For further information cond	cerning this matter, please call:
Suzame 1	4 Bonhowe at (561) 779.1122
Name of Pe	erson Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:
\$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	ility Company as it now appears on ida Limited Liability Company)	our records.)
(A Flori	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	Herber 2, 286 and assigned
Florida document number L 1600 16508	<u>1</u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		<u> </u>
		CC -
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
• .		
		00 0
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	City	, Florida Zip Code
	City	∠ip Code

### New Registered Agent's Signature, if changing Registered Agent:

12.

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Vice presided	Ross Gaffrey	Parkland, FL 33067	Add
AMBR		Parkland, FL 33067	□ Remove
			Remove
			Remove
<del></del>			
			Remove
			6 OCT 14 Add SPEC
			□ Add
			☐ Remove

	_ <u>·</u>
Footivo	data if other than the data of filings
e effectiv	date, if other than the date of filing:
he effective the date the	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00