

L17000010318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

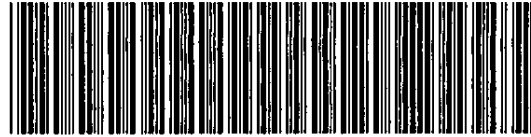
(Business Entity Name)

(Document Number)

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17 MAR 24 PM 3:06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE BEST SANDWICH IN TOWN 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:

GEORGE E MATEO

Name of Person

Firm/Company

1944 FIESTA RIDGE CT

Address

TAMPA, FL 33604

City/State and Zip Code

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

For further information concerning this matter, please call:

GEORGE E MATEO

813 6387854
at ()

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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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE BEST SANDWICH IN TOWN 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 01/12/2017 and assigned
Florida document number L17000010318.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

_____, **Florida**

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

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>
MGR	MATEO, GEORGE	1944 FIESTA RIDGE CT	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONT, MIGUEL A ABRANHAN	9403 ROSEBURY CT	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
		CHANGE TO MANAGER	<input checked="" 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"/> Change

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

Please remove GEORGE E MATEO as MGR and change MIGUELK A ABRAHANTE CONT as MGR.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MARCH 17 2017

Signature of a member or authorized representative of a member

GEORGE E MATEO

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
THE BEST SANDWICH IN TOWN LLC

Filing Information

Document Number L17000010318
FEI/EIN Number NONE
Date Filed 01/12/2017
Effective Date 01/15/2017
State FL
Status ACTIVE
Last Event LC AMENDMENT
Event Date Filed 03/03/2017
Event Effective Date NONE

Principal Address

1944 FIESTA RIDGE CT
TAMPA, FL 33604

Mailing Address

1944 FIESTA RIDGE CT
TAMPA, FL 33604

Registered Agent Name & Address

MATEO, GEORGE E
1944 FIESTA RIDGE CT
TAMPA, FL 33604

Authorized Person(s) Detail

Name & Address

Title MGR

MATEO, GEORGE E
1944 FIESTA RIDGE CT
TAMPA, FL 33604

Title AMBR

CONT, MIGUEL A ABRAHANTE
9403 ROSEBURY CT
TAMPA, FL 33615

Annual Reports

No Annual Reports Filed

Document Images

[03/03/2017 -- LC Amendment](#) [View image in PDF format](#)

[01/12/2017 -- Florida Limited Liability](#) [View image in PDF format](#)

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