

L17000130003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

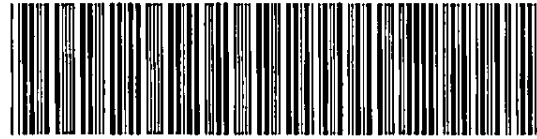
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600303300826

09/22/17--01025--004 **50.00

FILED
17 SEP 22 11 18 14
CLERK OF COURT
JANET L. HARRIS

D SCOTT
SEP 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND GAL CAFE, 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:

JEREMY MORTON

Name of Person

ISLAND GAL CAFE LLC

Firm/Company

3330 NE 190TH STREET UNIT 114

Address

AVENTURA FLORIDA 33180

City/State and Zip Code

JMVENTURESLLC@AOL.COM

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

For further information concerning this matter, please call:

JEREMY MORTON

727 235-7005

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

17
SEP 22 11 8 15
FILED

JEREMY MORTON

3330 NE 190TH ST.

UNIT 114

AVENTURA FL 33180

727-235-7005

PLEASE LET ME KNOW IF THERE IS ANYTHING ELSE NEEDED. THANK YOU FOR YOUR TIME AND ASSISTANCE.

SINCERELY,

JEREMY MORTON

FILED
SEP 22 11 31 AM
17

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

ISLAND GAL CAFE, 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 6/14/2017 and assigned
Florida document number L17000130003.

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:

JEREMY MORTON

New Registered Office Address:

3330 NE 190TH STREET UNIT 114

Enter Florida street address

AVENTURA

City

Florida 33180

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>
GM	SHARP-STIMAC LA'TRICE N	3350 NW 5TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDS-STIMAC, SHERQUEL	3350 NW 5TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	SHARP-STIMAC, LATRICE N	3350 NW 5TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMY MORTON	3330 NE 190TH ST. UNIT 114	<input checked="" type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DONALD KENDRICK	3330 NE 190TH ST. UNIT 114	<input checked="" type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	DONALD KENDRICK		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 22 11 08 AM '14

[illegible]

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.

Dated _____, _____

Signature of a member

Signature of a member or authorized representative of a member

Jeremy Morton

Typed or printed name of signee

FILED
SEP 22 11 38 16
1-1