1170W)209953

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
eun iez		AY CAFE, LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enci	losed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	to the following:	
		FRANK PANTALEO		
		75 /	Name of Person	
		SKATE AWAY CAFE, LI	.C	
			Firm/Company	.
		8125 LAKE WORTH RD		
			Address	
		LAKE WORTH, FLORIDA	A 33467	
			City/State and Zip Code	
		FRANK@AAIND.NET	o be used for future annual report notific	estion)
For furth	ner information co	neerning this matter, please ca	·	acon)
DENIS	E PANTALEO		561 662-1307	
	Name of	Person	at () Area Code Daytime	l'elephone Number
Enclosed	d is a check for the	e following amount:		
\$25.	00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKATE AWAY CAFE', LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
lorida document number L17000209953		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u>= 58</u> 5
Principal office address MUST BE A STREET ADDRESS)		FILE NOV 20
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address he 		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	, Flo	orida 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>	Address	Type of Action
AMBR	ALEX PANTALEO	8125 LAKE WORTH RD	
		LAKE WORTH, FL 33467	Remove
	1		Change
AMBR	AUSTIN PANTALEO	8125 LAKE WORTH RD	
		LAKE WORTH, FL 33467	■ Remove
			□ Change
AMBR	FRANK AND DENISE PANTALEO	8125 LAKE WORTH RD	
		LAKE WORTH, FL 33467	□ Remove
			Change
AMBR	FRANK PANTALEO	8125 LAKE WORTH RD	
		LAKE WORTH, FL 33467	≡ Remove
		-	Change
AMBR	DENISE PANTALEO	8125 LAKE WORTH RD	□ Add
		LAKE WORTH, FL 33467	■ Remove
			Change
	DENISE PANTALEO		Add
			Remove
			Change

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ective date, if other tha	n the date of filing	10/05/2017		(ont	ional)	
n effective date is listed, the date: If the date inserted in t	te must be specific and	cannot be prior to	date of filing or n	ore than 90 days after	er tiling.) Pursuan	t to 605.020
cument's effective date on			ie saidany timi	g requirements, in	is date will not	oc nated a
vacand apposition and a	nued offertive d	-to but out	an affactive t	i at 12.01		!:
record specifies a de he 90th day after the		ate, out not a	an enective i	ime, at 12:01	a.m. on the	earlier c
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00