

L180000003573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

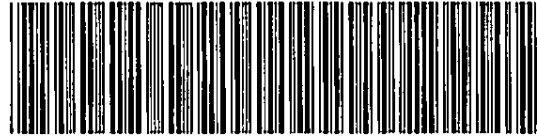
(Business Entity Name)

(Document Number)

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JAN 25 2018
S. WARREN

S. WARREN

JAN 25 2018

Hackleman, & Olive & Judd, P.A.

January 15, 2018

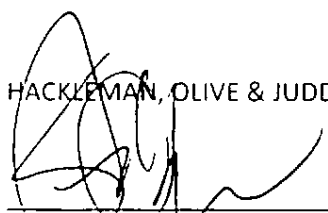
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: PN Restaurant Company, LLC – L180000003575
FP Restaurant Company, LLC – L180000003573

Dear Sir or Madam:

Enclosed please find amendments for the above reference limited liability companies correcting the name of the Manager of each entity. Please process these amendments at your earliest convenience. Thank you.

HACKLEMAN, OLIVE & JUDD, PA



Stephen V. Hoffman
For the Firm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FP RESTAURANT COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen V. Hoffman

Name of Person

Hackleman, Olive & Judd, PA

Firm/Company

2426 East Las Olas Boulevard

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

shoffman@hojlaw.com

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

For further information concerning this matter, please call:

Stephen V. Hoffman

954

334-2250

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 6227
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Franz J Nicolielo	2941 E. LAS OLAS BOULEVARI	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Franz Jose Parra Nicolielo	2941 E. LAS OLAS BOULEVARI	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 January 12

2018

Franz Jose Parra Nicolliello, Mgr.

Typed or printed name of signee

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