

L18000068737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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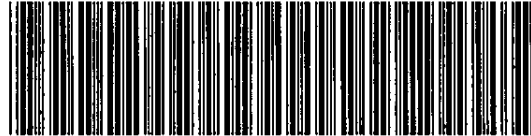
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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APR 11 2018

mail form amendment
to
Articles of Organization
to \$60 check to
\$25 filing fee
\$3 Certified copy
5 Cent of States

Registration Section
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAT SARAP 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:

MARIA TERESA D. HERBST

Name of Person

EAT SARAP LLC

Firm/Company

293 3RD STREET

Address

Bonita Springs FL 34134

City/State and Zip Code

mtdh1963@yahoo.com

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

For further information concerning this matter, please call:

MARIA TERESA D. HERBST at (860) 510 1427
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

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

EAT SARAP 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 MARCH 24, 2018 and assigned Florida document number L18000068737

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)

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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:

MARIA TERESA D. HERBST

New Registered Office Address:

293 3RD STREET

Enter Florida street address

BONITA SPRINGS

City

Florida

Zip Code

34134

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>
<u>CEO</u>	<u>Maria Teresa D. Herbst</u>	<u>293 3RD ST</u>	<input checked="" type="checkbox"/> Add
		<u>Bonita Springs FL</u>	<input type="checkbox"/> Remove
		<u>34134</u>	<input type="checkbox"/> Change
<u>DIR</u>	<u>Maria Teresa D. Herbst</u>	<u>293 3RD ST</u>	<input type="checkbox"/> Add
		<u>Bonita Springs FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34134</u>	<input type="checkbox"/> Change
<u>CEO</u>	<u>Christ D. Beltran</u>		<input type="checkbox"/> Add
		<u>293 3RD ST</u>	<input checked="" type="checkbox"/> Remove
		<u>Bonita Springs FL</u>	<input type="checkbox"/> Change
<u>CFO</u>	<u>Jonathan A Belli</u>	<u>8930 Colonnades</u>	<input type="checkbox"/> Add
		<u>CT - E617</u>	<input checked="" type="checkbox"/> Remove
		<u>Bonita Springs FL 34135</u>	<input type="checkbox"/> Change
<u>DIR</u>	<u>Judy A. Belli</u>	<u>8930 Colonnades</u>	<input type="checkbox"/> Add
		<u>CT - E617</u>	<input checked="" type="checkbox"/> Remove
		<u>Bonita Springs FL 34135</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 April 9, 2018

VP/Perkins
Signature of a member or authorized representative

Maria Teresa D. Herbst
Typed or printed name of signee