# 118000233623

(Red	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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UET 2 9 1 14 S. PRATHER



October 23, 2018

CARY GERSHOWITZ GERSHY'S CAFE AND PASTRY LLC 979 8TH AVENUE NORTHEAST LARGO, FL 33770

SUBJECT: GERSHY'S CAFE AND PASTRY LLC

Ref. Number: L18000233623

We have received your document for GERSHY'S CAFE AND PASTRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 2 of Amendment Form

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 018A00021786

Stacy Prather Regulatory Specialist III

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Gershy'S	Cafe and Pastry LLC		
		ited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter		
	Cary Gershowitz		
		Name of Person	
	Gershy'S Cafe and Pa	<u>-</u>	
		Firm/Company	
	979 8th Avenue Nor	· · · · · · · · · · · · · · · · · · ·	
		Address	
	Largo FL 33770		··········
	carygershowitz@gmail.co	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Cary Gershowitz		at ( <b>7</b> 27 ) 259 3	3657
Name o	f Person	Area Code Daytime	c Telephone Number
Enclosed is a check for th	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gershy'S Cafe and Pastry LLC		oany as it now appears on our rec	ords) Fig. 8
	(A Florida Limited	any as it now appears on our reco Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L18000233623</u>	Liability Compan	y were filed on	8 Sand assired
This amendment is submitted to amend the fol	lowing:		77 1
A. If amending name, enter the new name of	of the limited lial	hility company here:	
Gershys Cafe & Pastry L	1.0		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	979 8th Avenue Northe	east
(Principal office address MUST BE A STREE	ET ADDRESS)		
4500 140 THAVE. NORTH SUIT #		Largo FL 33770	
Enter new mailing address, if applicable:		3030 N. Rocky Point D	f
(Mailing address MAY BE A POST OFFICE	BOX)	STE 150A	
4/500 140 TH AVE. NORTH Suit #	107	Tampa FL 33607	
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	<u>e</u> :	rds, enter the name of the new
Name of New Registered Agent:	Registered	Agents Inc.	
New Registered Office Address:	3030 N. Ro	ocky Point Dr. STE 1504	
		Enter Florida street addi	ress
	Tampa	I	Florida <u>33607</u>
		Citi	Zin 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
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		<del></del>	
			□ Remove
		<del></del>	Change
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			□ Remove
			□ Change

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<b>2018 O</b>
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Page 3 of 3

Filing Fee: \$25.00