

L19 000144856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 OCT 18 AM 11:44
STATE OF
ILLINOIS
DEPARTMENT OF REVENUE

Amend/ name change

NOV 06 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BON APPETIT CARIBBEAN RESTAURANT 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:

JEAN R. SATAILLE

Name of Person

BON APPETIT CARIBBEAN RESTAURANT

Firm/Company

28600 SW 137TH AVE SUITE 1A2

Address

HOMESTEAD, FL. 33033

City/State and Zip Code

sataillej@yahoo.com

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

For further information concerning this matter, please call:

JEAN R. SATAILLE

305

484-4950

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

RECEIVED
DIVISION OF CORPORATIONS
JAN 11 2006

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

BON APPETIT CARIBBEAN RESTAURANT 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 05/31/2019 and assigned
Florida document number L19000144856.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WINGMANIA CARIBBEAN RESTAURANT LLC

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)

28600 SW 137TH AVE SUITE 1A2

HOMESTEAD, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28600 SW 137TH AVE SUITE 1A2

HOMESTEAD, FL 33033

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>
MGR	JEAN R. SATAILLE	527 SW 3RD AVE HOMESTEAD, FL. 33030	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*
ALSO I WOULD LIKE TO ADD THE EIN NUMBER OF THIS COMPANY OF FILE (WEBSITE)

THE EIN # IS 84-1899225. PLEASE ADD THIS EIN # ON FILE. THANK YOU GUYS

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 10/07/2019



Signature of a member or authorized representative of a member

JEAN R. SATAILLE

Typed or printed name of signee