OCC 2M6035

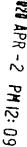
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
SUBJECT:	CORNER	CAFE AT ONE SCENIC CEN	TRAL, LLC	
aobject.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		James Ellis		
			Name of Person	
		CORNER CAFE AT ONE	SCENIC CENTRAL, LLC	
		·-	Firm/Company	·
		1540 Cherry Ridge Dr.		
			Address	
		Heathrow, Fl. 32746		
		···	City/State and Zip Code	
		ellisandassoc@hotmail.con	to be used for future annual report n	
For further in	iformation c	oncerning this matter, please o	·	otinearoa)
Adam O, Ki		•	407 210-6622	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	Section
Div	ision of C	orporations	Division of C	orporations
P.O	 Box 632 	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{119000246035}{119000246035}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		2828 APR
Enter new mailing address, if applicable:		. حراب ا
(Mailing address MAY BE A POST OFFICE BOX)		
		7 17 17 17 17 17 17 17 17 17 17 17 17 17
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	Florid	da
	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>	Type of Action
MGR	Colleen L. Ellis	1540 Cherry Ridge Dr.	■ Add
		Heathrow, FL 32746	□Remove
			□Change
			□ Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
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date inserted in this	block does not m	reet the applicab	odate of filing or r ble statutory filin	nore than 90 days ag requirements	optional) after (iling.) Pure s. this date will	suant to 605,0207 not be listed as
rifies a delayed effect	tive date, but not	an effective tim	ie, at 12:01 a.m.	on the earlier o	of: (b) - The 90t	h day after the
MARCH 210)	2020				
) me ()	\					
	Signature of a n	nember or authori	ized representative	of a member		
	ate, if other than the date is listed, the date in date inserted in this effective date on the crifies a delayed effect	ate, if other than the date of filing date is listed, the date must be specific and date inserted in this block does not meffective date on the Department of Scriffes a delayed effective date, but not MRCH 26	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicate effective date on the Department of State's records. eifies a delayed effective date, but not an effective time that the date of the date of the date of the date.	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or n date inserted in this block does not meet the applicable statutory filir effective date on the Department of State's records. cifies a delayed effective date, but not an effective time, at 12:01 a.m.	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.	iffies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t WARCH 16 . 2020 .

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Filing Fee: \$25.00