

L24000352268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

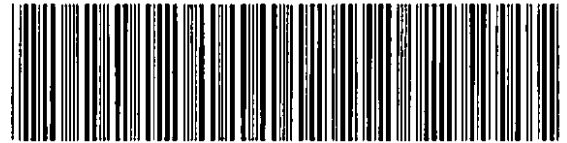
(Document Number)

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09/17/2017 10:11:11 AM

FILED  
2024 SEP 17 AM 8:42  
FBI - NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lisa's Restaurant and Bar, 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:

Lisa Joseph  
Name of Person

Lisa's Restaurant and Bar, LLC  
Firm/Company

4848 Figwood Lane  
Address

Orlando FL 32808  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Joseph at (321) 512-3179  
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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Lisa's Restaurant and Bar, 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 08-16-2024 and assigned Florida document number L24000352268

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)

2024 SEP 17 AM 8:42  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE

**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:

Lisa Joseph

New Registered Office Address:

4848 Figwood Lane

Enter Florida street address

Orlando

City

Florida

32808

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.*

SSme

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	Lis A Joseph	4848 Figwood Lne	<input checked="" type="checkbox"/> Add
		Orlando FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marc Eddy Phillippe	4848 Figwood Lne	<input checked="" type="checkbox"/> Add
		Orlando FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 09-01- 2024

Lisa Joseph  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lisa Joseph

Typed or printed name of signee



## 2024 CERTIFICATE OF STATUS REQUEST FORM

BUSINESS CERTIFICATE SERVICES FLORIDA  
1317 EDGEWATER DR #4845  
ORLANDO, FL 32804

### IMPORTANT NOTICE:

The materials presented in this advertisement can be obtained by Florida residents from the (Florida Secretary of State, 850.245.6500, 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303). It is NOT mandatory to make any purchase from this company, and this company is in NO way associated, supported, or sanctioned by any government body. The advertised services featured in this promotion has NOT received approval or endorsement from any government agency, and this offer is NOT being extended by a government entity."



00-143-903413119-174534-32808-4928-48

LISA'S RESTAURANT AND BAR, LLC  
4848 FIGWOOD LN  
ORLANDO, FL 32808-4928

T00771  
08/17/2024

**IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY**

Document Number: <b>L24000352268</b>	Notice Date: <b>08/16/2024</b>	Please Respond By: <b>09/07/2024</b>
Business Address: <b>LISA'S RESTAURANT AND BAR, LLC 4848 FIGWOOD LANE ORLANDO, FL 32808</b>		 00-143-903413119-174534-32808-4928-48

Congratulations on registering your business with the State of Florida. Your Articles have been filed with the secretary of state and are complete. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Florida Certificate of Status request. Florida businesses often need a Certificate of Status, an official document issued by the Secretary of State. This certificate may be necessary for various reasons such as obtaining loans, opening bank accounts, renewing business licenses, setting up payroll, registering in other states, fulfilling tax obligations, and other crucial business matters. The Certificate of Status carries the official seal of the Florida Secretary of State. If you provide us with your email address, we will promptly deliver a copy of the certificate to you electronically.

### BUSINESS INFORMATION:

Business Name: LISA'S RESTAURANT AND BAR, LLC  
Business Type: Florida Limited Liability Co.  
Document Number: L24000352268  
Certificate of Status Fee: \$ 85.37

TO PAY ONLINE GO TO:  
<https://www.x.bz/22c5b7>

OR  
SCAN QR CODE →



☐ Check or Money Order Enclosed

<b>Step 1 BUSINESS INFORMATION</b>		Confirm Business Name & Document Number are Correct Above	
Make check or money order payable to: <b>BUSINESS CERTIFICATE SERVICES FLORIDA</b> Notice Send Date: 08/17/2024 Document #: L24000352268 Company: LISA'S RESTAURANT AND BAR, LLC	<input type="checkbox"/> Certificate of Status (Optional)	\$ 85.37	
	<input type="checkbox"/> EIN Registration Service (OPTIONAL)	\$ 135.50	
	<input type="checkbox"/> Certified Hard Copy (OPTIONAL)	\$ 79.55	
Amount Enclosed: .....			
<b>Step 2. Please print and sign your name for authorization.</b>			
This is not a government agency			
Email:	Phone:		
Print Name:	Signature:		
<b>Step 3. Use the above QR code or url above to make an online payment. If mailing in your payment, send this form and check or money order to: Business Certificate Services Florida, 1317 Edgewater Dr #4845 ,Orlando FL 32804 . No need to send if paid online.</b>			