

M19000003668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

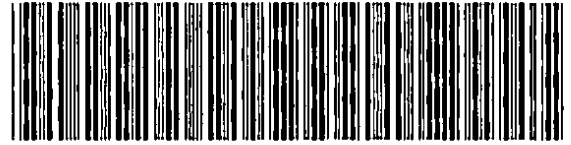
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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S TALLER
JUN 27 2019

FILED
2019 JUN 17 PM 1:15
SECRETARY OF STATE
TALLER, FL

Handwritten signature

Law Offices

STUART LEVINE, LLC

40 WEST CHESAPEAKE AVENUE
SUITE 414
BALTIMORE, MARYLAND 21204

Stuart Levine
sltax@taxation-business.com

Telephone
410.630.4422

Telecopier
410.807.8424

June 12, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application by The Drift Inn Café, LLC, a Foreign Limited Liability Company, to File An Amendment to Certificate of Authority to Transact Business in Florida, Changing its Name to "The Drift in Café, LLC"

Dear Sir/Madam:

Enclosed, you will please find the following:

1. The form of cover letter, executed by me, with respect to the application by The Drift Inn Café, LLC, a foreign limited liability company, to file an amendment to its Certificate of Authority to Transact Business in Florida, changing its name to "The Drift in Café, LLC";
2. The aforementioned application, executed by me;
3. A certificate of good standing from the Maryland State Department of Assessments and Taxation showing the change of name; and
4. A check in the amount of \$30.00 for the filing fee and a certificate of status.

Would you be so kind as to process this application.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Name of "The Drift Inn Cafe, LLC" to "The Drift In Cafe, LLC"
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart Levine

Name of Person

The Law Offices of Stuart Levine, LLC

Firm/Company

40 West Chesapeake Avenue, Suite 414

Address

Baltimore, Maryland 21204

City/State and Zip Code

sltax@taxation-business.com ✓

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

For further information concerning this matter, please call:

Stuart Levine

Name of Person

at (410) 630.4422

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: The Drift Inn Cafe, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000003668

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 04/09/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: The Drift In Cafe, LLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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SECRETARY OF STATE
TALLAHASSEE, FL

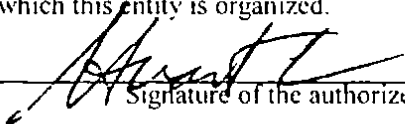
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Stuart Levine

Typed or printed name of signee

Filing Fee: \$25.00



Date: 06/07/2019

LAW OFFICE OF STUART LEVINE, LLC
SUITE 414
40 WEST CHESAPEAKE AVE
BALTIMORE MD 21204

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : THE DRIFT IN CAFE, LLC
DEPARTMENT ID : W19558907
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 05-08-2019
TIME FILED : 11:30 AM
RECORDING FEE : \$100.00
FILING NUMBER : 1000362012081263
CUSTOMER ID : 0003737777
WORK ORDER NUMBER : 0004954354

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

ENTITY TYPE: ENTITIES OTHER THAN CORPORATIONS
EFFECTIVE DATE: 05-08-2019
PRINCIPAL OFFICE: 40 WEST CHESAPEAKE AVENUE
SUITE 414
BALTIMORE MD 21204
RESIDENT AGENT: STUART LEVIN
40 WEST CHESAPEAKE AVENUE
SUITE 414
BALTIMORE MD 21204

COMMENTS:

THIS AMENDMENT RECORD INDICATES THE NAME CHANGE
FROM: THE DRIFT INN CAFE, LLC.
TO: THE DRIFT IN CAFE, LLC.

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE DRIFT IN CAFE, LLC (W19558907), REGISTERED APRIL 04, 2019, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 07, 2019.



Michael L. Higgs
Director



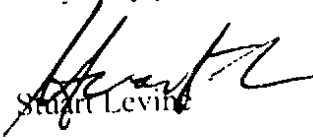
301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 (00115640)3
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Registration Section
Division of Corporations
June 12, 2019
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Stuart Levine

Thank you.

Very truly yours,


Stuart Levine

Enclosures (as noted)

cc: Michael J. Holzheid (Via E-Mail Address: mholzheid@att.net, w/copies of enclosures)
Richard Block, CPA (Via E-Mail Address: Richard.Block@wabccpas.com, w/copies of
enclosures)
File