## L09000000117

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B. BOSTICK
MAR 3 1 2011
EXAMINER

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Ho	WLERS RESTAURANTS LLC Name of Limited Liability Company		
	mendment and fee(s) are submitted for filing.		
Please return all correspond	lence concerning this matter to the following:		
	ROBERT DELONG		
	Name of Person	•	
	CENTERLINE COMPOSITES LLC	-	
	6108 55th AUE. CIR. E	~ ~ .	
	Address		apper Torche or
	BRADENTON, FL 34203 City/State and Zip Code	AR 3	
	City/State and Zip Code	. SE O	4-2-4
	Pufftigger 4440@ 4ahoo. com E-mail address: (to be used for future annual report notification)		3 9 E
For further information con	cerning this matter, please call:	1 MAR 30 AM II: 00 ECNLINKY OF STATE LLAHASSEE, FLORIDA	
ROBERT DO	ELONG at (360) 450 - 9059  erson Area Code & Daytime Telephone Numbe		
Name of P	erson Area Code & Daytime Telephone Numbe	r	
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &	osed)

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

HOWLERS RESTAURANTS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L0900000</u>	7/7				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited lial	oility company here:			
CENTERLINE COMPOSITE The new name must be distinguishable and end with the "L.L.C."	TES LL the words "Lim	_C ited Liability Company	," the designation "	LLC" or the abb	reviation
Enter new principal offices address, if applicab	le:	6108 55	th AVE. C.	IR. E	
(Principal office address MUST BE A STREET	ADDRESS)	BRADENT	ON, FL.	34203	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		6108 55 BRADENT	HAVE, CI	R. E 34203	<u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:	e address her	ffice address on our ce:  55 <sup>th</sup> AVE		11 Mov 30 AM II: I	theynew
New Registered Office Address:	VAIUD	Enter	Florida street add	dress O	
	BRADER	UTON City	, Florida	34203 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

itle	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			☐ Add
			Remove
			Add Remove
			AG Add T
•			Remove
			Remove
			Add Remove
		ange(s) here: (Attach additional sheets, if nec	
	COMPOSITE FABRI	H LLC IS ORGANIZE	<u></u>
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	200 200 200		
ited	MARCH 28	2011	
	Signature of a mer	nber or authorized representative of a member	

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Filing Fee: \$25.00