

L090000 99868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

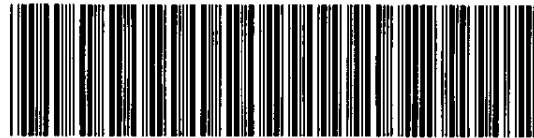
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB -4 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OKS Beach Place, 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:

Thomas Scott

Name of Person

OKS Beach Place, LLC

Firm/Company

1000 5th Street, Suite 223

Address

Miami Beach, FL 33139

City/State and Zip Code

tom@queensfortcapital.com

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

For further information concerning this matter, please call:

Thomas Scott

Name of Person

at **305 4244444**

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

OKS Beach Place, LLC

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on or the abbrevi

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGMR	Okalhoma South Restaurant Group, LLC	1000 5th Street, Suite 223	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
MGMR	OKS Fort Lauderdale Beach - Flagship Location, LP	1000 5th Street, Suite 223	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated **January 7**, **2014**



Signature of a member or authorized representative of a member

Thomas E. Scott

Typed or printed name of signee

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Filing Fee: \$25.00

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