

L100000094743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

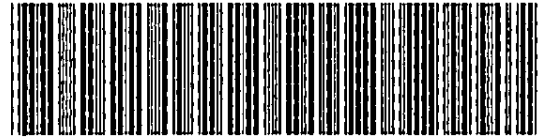
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**COVER LETTER**

**Registration Section  
Division of Corporations**

2621 Hiatus LLC  
**JECT:** \_\_\_\_\_

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

Duane P. Bria  
 \_\_\_\_\_  
 Name of Person

2621 Hiatus LLC  
 \_\_\_\_\_  
 Firm/Company

2721 North Hiatus Road  
 \_\_\_\_\_  
 Address

Cooper City, FL 33026  
 \_\_\_\_\_  
 City/State and Zip Code

bogartsamericankitchen@gmail.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Duane P. Bria	954	441-6929
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2621 Hiatus LLC

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

Articles of Organization for this Limited Liability Company were filed on 09/10/2010 and assigned  
document number L10000094743.

This amendment is submitted to amend the following:

**If amending name, enter the new name of the limited liability company here:**

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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**

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
moved from our records:

. = Manager

R = Authorized Member

Name

Address

Type of Action

Byron Brown

2721 North Hiatus Road

Add

Cooper City, FL 33026

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

2022 NOV - 8 PM 40  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for entering amendments.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Effective date: November 1, 2022



Signature of a member or authorized representative of a member

Duane P. Bria

Typed or printed name of signee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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a document number L10000094743.

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\_\_\_\_\_  
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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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

**Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**M** = Manager

**AM** = Authorized Member

**Name**

**Address**

**Type of Action**

Byron Brown

2721 North Hiatus Road

Add

Cooper City, FL 33026

Remove

Change

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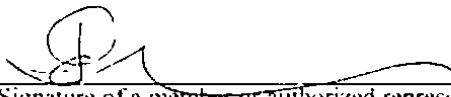
mending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for entering changes or additional information.

**Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
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)  
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dated November 1, 2022.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Duane P. Bria  
\_\_\_\_\_  
Typed or printed name of signee