Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000245289 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Addnoces			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEY WEST BITE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: Page 3 of 6

COVER LETTER

TO:		tration Section of Corp					
SUBJE	·CT·	KEY WES	ST BITE, LLC				
SOBJE	.C1		Name of Limi	ited Liability Company			
			Amendment and fee(s) are sub-				
			Cheyenne Moseley				

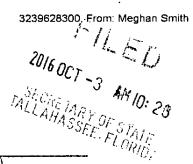
			101 N. Brand Blvd., 11th Floor				
			Glendale, CA 91203				
			City/State and Zip Code				
		mlgrant1960@gmail.com					
			E-mail address: (1	to be used for future annual	report notification)		
For fur	ther inf	ormation co	oncerning this matter, please co	all:			
Cheye	nne M	oseley			3-0888 ext. 9724		
		Name of	f Person	at () Area Code	Daytime Telephone	Number	
•							
Enclose	ed is a c	check for th	ne following amount:				
□ \$25	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enc	losed) C	0.00 Filing Fee, lertificate of Status & ertified Copy dditional copy is enclosed)	
			ING ADDRESS:	-	[/COURIER ADDR	ESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

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



KEY WEST BITE, 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 08/17/2016	and assigned
Florida document number L16000153757		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company bere:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "I	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	920 CAROLINE STREE	[
(Principal office address MUST BE A STREET ADDRESS)	KEY WEST, FL 33040	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	920 CAROLINE STREET KEY WEST, FL 33040	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
	Enter Florida street addi	
*******	City ,	Florida Zip Cook

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

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>	Name	Address	Type of Action
AMBR	MATTHEW L GRANT	290 CAROLINE STREET	
		KEY WEST, FL 33040	☑ Remove
AMBR_	MATTHEW L GRANT	920 CAROLINE STREET	⊠ Add
		KEY WEST, FL 33040	☐ Remove
			Add
			☐ Remove
			2016 Godd T-Remove AN
			AM IO: 28 Add
		<u> </u>	□ Remove
			□ Add
			□ Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Effective	date, if other than the date of filing: (optional)
The effective the	ve date must be specific, carnot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	Sept. 13,206,
	In - Felfrant
	Signature of a member or authorized representative of a member
	MATTHEW L GRANT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2016 OCT -3 解10: 29