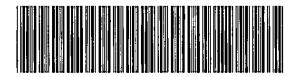
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COVER LETTER

	stration Sec sion of Corp				
	ROADHOU	SE BOCA, LLC	•		
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		YITZI KESSOCK			
			Name of Person		
			Firm/Company		
		7000 W CAMINO REAL			
			Address		
		BOCA RATON, FL 33433	3		
			City/State and Zip Code	.	
		FRANCESCA@PRIVCAP	Ţ.	2026 Ta	
For further in	formation co	h-mail address: (oncerning this matter, please c	to be used for future annual report notification) rall:	2020 SEP 2 SEUNT M	
YITZI KESS	юск		561 952-2501 U	25 PI	
	Name of	Person	Area Code Daytime Telephone Number	PH 4: II	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F Certified Copy (additional copy is enclosed)	Status &	
	ling Addres		Street Address: Registration Section		
Registration Section Division of Corporations			Division of Corporations		
P.O. Box 6327		7	The Centre of Tallahassee	The Centre of Tallahassee	
Tallahassee, Fl. 32314		FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROADHOUSE BOCA, 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 $\frac{09/15/2020}{1}$ and assigned Florida document number L20000289753 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. 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 oddress Florida

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.

Citv

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FMG. LLC	7000 W CAMINO REAL	□Add
		BOCA RATON, FL 33433	≅Remove
MGR	FGM, LLC	7000 W CAMINO REAL	■Add
		BOCA RATON, FL 33433	□Remove
			(]Change
			□Add
			□Remove
			C: Ochange
			25 Bemove
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			□Add
			□Add
			□Remove
			□Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing occurrent's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursua ng requirements, this date will no	unt to 605,020; of be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th	day after the
SEPTEMBER 24 2020		

Filing Fee: \$25.00