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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291

Phone : (407)847-7466

Fax Number : (407)847-6641

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

mail	Address:	taxes@sbc-cpa.com
เพลาย	Adaress:	Caxeamanc -charcon

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMOKED MULLET OF FLA. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMOKED MULLET OF FLA, LLC (Name of the Limited Liability Company as it now (A Florida Limited Liability Con	rappears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document numberL20000319010	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
Smoked Mullet Restaurants, LLC	cs (5)
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation," L.L.C."
Enter new principal offices address, if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET ADDRESS)	
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	The same in the sa
Enter new mailing address, if applicable:	<u> </u>
	•
Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new regis</u>
agent and/or the new regions.	
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

From:	Rache	elli Malit

MGR = Manager

Change

m: Rachelli Malit ' Fax: 13214025194 To: Fax: (850) 617-6383 Page: 3 of 4 05/07/2021 1:57 PM

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

AMBR = A	AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
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Fax: (850) 517-6383 Page: 4 of 4 05/07/2021 1:57 PM

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	i::52	`;'
E. Effective date, if other than the date of filing: (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 enter the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a document's effective date on the Department of State's records.	605.0207	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a record is filed.	ther the	
Dated May 3 , 2021		
Signature of a member or affilibrized representative of a member	_	
Asmae Riveros Typed or printed name of signee	_	