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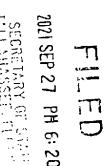
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ST AND BURGER HOUSE.	I.I.C	
30 pa (30.	···	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ISMAIL ILHAN		
			Name of Person	
		·	Firm/Company	
			Address	
		PALM HARBOR, Ft. 346	84	
			City/State and Zip Code	
		iilhan72@yahoo.com		
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
ISMAIL	ILHAN		314 401-6227	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ic following amount:		
■ \$ 25.6	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 Addres Registration 5		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632 Tallahassee. I		The Centre of	
	i arranassee, l	LP 27314	Z413 IN. MONTO	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 27 PH 6: 20

BREAKFAST AND BURGER HOUSE, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ty Company were filed on 08/26/20	021 and assigned
Florida document number 1.21000382435		C
This amendment is submitted to amend the following	តិ:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words."	"Lamited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:	<u>-</u> -	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our record re:	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida sti	eet address
<u></u>		, 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 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>	<u>Address</u>	Type of Action
AMBR	NEJLA ILHAN	266 KATHERINE BLV	≅Add
		APT# 7102	□Remove
		PALM HARBOR, FL 34684	□Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 days a	
record specifies a delayed effective d d is filed.	ate, but not an effective time	c, at 12:01 a.m. on the earlier of	(b) The 90th day after the
	2021		
SEPTEMBER 17		•	
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