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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

SUBJECT:S	MOUTH S	EAS HOID /A	JAS, LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	ATLANTIC QSR GROUP	Name of Person	wat
		Firm/Company	
	5409 OVERSEAS HWY #	, .	
		Address	
	MARATHON, FLORIDA	33050	
	SONICKEYWEST@GMAI		
	E-mail address: (t	o be used for future annual report notifi-	cation)
For further information co	ncerning this matter, please ca	att:	
PATRICIA P RHINE		305 451-0561	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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 ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smooth Seas Holdings LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 01/03/2019	and assigned
lorida document number L19000006012	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:	$-N/\alpha$	
Principal office address MUST BE A STREET ADD	RESS)	
		9
		6 1
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		56
If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the ne
-		
Name of New Registered Agent:	$N_{N_{X}}$	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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

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
AMBR	MICHAEL L RHINE		□ Add
		1570 EASTWARD HO LN MARATHON FL 33050	■ Remove
		A STATE OF THE STA	Change
AMBR	ATLANTIC QSR GROUP LLC	5409 OVERSEAS HWY #382 MARATHON FL 33050	■ Add
			□ Remove
			□ Change
AMBR -	GARY N PEARCE		□ Add
		2712 N MERIDIAN APACHE JUNCTION AZ 85120	■ Remove
			Change
AMBR	PATRICIA P RHINE		□ Add
		1570 EASTWARD HO LN MARATHON FL 33050	■ Remove
			Change
AMBR GMP QSR INVESTMENTS, LLC	1570 EASTWARD HO LN MARTHON FL 33050	■ Add	
			Remove
	Onb .		☐ Change
	CALESE INVESTMENTS. ELC		
			🗆 Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing: (optional) flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	31ST DAY OF JANUARY . 2019
	Signature of a member of authorized representative of a member
	Patricia P Whine

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Filing Fee: \$25.00