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COVÉR LETTER

TO: Registration Se Division of Cor			م
SUBJECT: M	CARPTERRA Name of Limi	ted Liability Company	PAIR FEB -4 1
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Alyso	e SINZIERI Name of Person	
	Kest	GROUP, LLC	
	4236	Golf Shore	Blud N
	Pives in E-mail address: (1	FL 34103 City/State and Zip Code 2 @ Q 01 C 0 m to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Alyse S		at (<u>539</u>) Daytime	7-2689 Telephone Number
Enclosed is a check for the	ne 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)
	ave a pource	etde et/coudie	D ANNIECC.

MAILING ADDRESS:

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

Name of the Limited Liability Compa (A Florida Limited)	Inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
A. If amending name, enter the new name of the limited liab FISH RESTAURAL LLC The new name must be distinguishable and contain the words "Limited Liabi 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 o registered agent and/or the new registered office address her	
Name of New Registered Agent: New Registered Office Address: 123	SINZICRI GOH ShOPE BLUD N Enter Florida street address PLS FL B. Florida 34103

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 = Man AMBR = Auti	ager horized Member			
<u>Title</u>	Name		Address	Type of Action
M6MB	Aly.	<u>se Sinzieri</u>	123 FOREST WOOD DR	B Add
	·		193 FOREST WOOD DR Naples FL 34110	□ Remove
				Change
MBR	Kest	GROUP L	C 4236 COF Shore 1 Naples FC 34103	3Nd Add
			Naples FC 34103	□ Remove
				Change
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(If an effective da <u>Note:</u> If the d	ite is listed, the date	e must be specifie vis block does no	and cannot be pot meet the ap	prior to date of filing plicable statutory	or more than 90 da filing requiremen	is after filing.) Purst	aint to 605,0207 of be listed as
he record sp The 90th	pecifies a dela day after the	ayed effectiv record is file	e date, but ed.	not an effecti	ve time, at 12	:01 a.m. on th	ne earlier of
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Dated	<u> </u>						
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Page 3 of 3

Filing Fee: \$25.00