0300012604

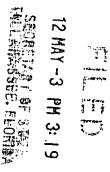
| (Requestor's Name) | | | | | |
|-------------------------|--|--------------------|--|--|--|
| (Address) | | | | | |
| (Ac | idress) | | | | |
| (Ci | ty/State/Zip/Phone | > #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Dr | ocument Number) | | | | |
| (50 | our month of the control of the cont | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to | Filing Officer: | | | | |
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| | | | | | |

G. MCPFEGD,
MAY - 8 2012
EXAMINER



700227477147

04/13/12--01030--026 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| Store Restauxants - Vero Beach LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Mary Hoertz Name of Person |
| Mulligans Beach House |
| 300 Colorado Ave #201 Address |
| Stuart, CI 34994 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) |

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

Shore Restaurants - Dero Seach, 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 Lia | ability Company | were filed on | 4-8-03 | and | assigned |
|--|-------------------|-------------------|------------------------|----------------|-----------------|
| Florida document number LO300C | 0 1900 | 94 | | | |
| This amendment is submitted to amend the follo | wing: | | | | 5 |
| A. If amending name, enter the new name of | the limited liabi | lity company h | ere: | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ted Liability Com | pany," the designati | ion TALC" ort | he abbreviation |
| Enter new principal offices address, if applica | ble: | - | | | · |
| (Principal office address MUST BE A STREET | (ADDRESS) | | | , Tank | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | | 300 #24 5Hu | Colora art, F | (. <u>34</u> 0 | ve 194 |
| B. If amending the registered agent and/o registered agent and/or the new registered off | | | our records, <u>en</u> | ter the nam | e of the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 300 | Color | Enter Florida stree | e #2 | 01 |
| | Stu | City | , Florid | la <u>34</u> 9 | 94 'ode |

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

(

. MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00