# L04000074450

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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SECRETARY OF STATE

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L 8useh APR 1.1. 2014

# **COVER LETTER**

TO: Registration Se Division of Con			
	DBURGERS / TOL	out Company,	LLC
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MA	ek Meyers Name of Person	
		3 Howar Compa-	y, LLC
	509 N.	Address	rive
	Atlantis	City/State and Zip Code	)
	/NFo @//r E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
MARK M	eyel>	at ( <u>561</u> ) <u>951 - C</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2014

MARK MEYERS 509 N COUNTRY CLUB DR ATLANTIS, FL 33462

SUBJECT: LINDBURGERS HOLDING COMPANY LLC

Ref. Number: L04000074450

We have received your document for LINDBURGERS HOLDING COMPANY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 214A00004791





Division of Corporations

March 24, 2014

MARK MEYERS 509 N COUNTRY CLUB DR ATLANTIS, FL 33462

SUBJECT: LINDBURGERS HOLDING COMPANY LLC

Ref. Number: L04000074450

We have received your document for LINDBURGERS HOLDING COMPANY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 414A00006256

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L0400074450</u> .	by were filed on $\frac{10/13}{2004}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	TAS 1	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R IO PH 4: 30 ASSEE, FLORIDA	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		<u>ew</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Code	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

٠,	MGR = Mai AMBR = Aut	nager horized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
	MGR	Michael D. Meyor	101 ROSEMENT COURT AHLANTIS, FL. 33462	🗆 Add
		,	Atlantis, FL 33462	Remove
				🗆 Add
			· >	Remove
				T4 APR I
			יים יים ריים יים	
			LORIDA	APRIAR PHEMOVE 30
				□ Add
				Remove
				_ □ Remove
				Add
				_□ Remove

D. If am	entling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
B	
	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the da	te this document is filed by the Florida Department of State)
Dated	1 <u>4/4//4</u>
	, [4]
	Signature of a prember of authorized representative of a member
	Signature of a member of authorized representative of a member  MARK Meyors - Maskows Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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