L0500026983

| (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: | | | | |
| L. SELLERS | | | | |
| FFB - 5 2008 | | | | |

EXAMINER

Office Use Only



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SECRETARY OF SI ALLAHASSEE, FLO

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COVER LETTER

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| TO: Registration Section Division of Corpora | | | | | | | |
|---|--|--|--|--|--|--|--|
| SUBJECT: Independ | lant Restaurants Association of South Florida, LLC | | | | | | |
| | (Name of Limited Liability Company) | | | | | | |
| | | | | | | | |
| The enclosed Articles of Ame | ndment and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| | Thomas D. Wright | | | | | | |
| - | (Name of Person) | | | | | | |
| | Law Offices of Thomas D. Wright | | | | | | |
| - | (Firm/Company) | | | | | | |
| | 9711 Overseas Highway | | | | | | |
| _ | (Address) | | | | | | |
| | Marathon, FL 33050 | | | | | | |
| _ | (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Thomas D. Wright at (305) 743-8118 | | | | | | | |
| (Name of Per | (Area Code & Daytime Telephone Number) | | | | | | |
| | | | | | | | |
| Enclosed is a check for the fol | lowing amount: | | | | | | |
| ■ \$25.00 Filing Fee | \$30.00 Filing Fee & Scottificate of Status Certified Copy (additional copy is enclosed) \$\int \frac{\\$55.00 \text{ Filing Fee & Scottificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\int \frac{\\$55.00 \text{ Filing Fee & Scottified 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

Independent Restaurants Association of South Florida, LLC

| (<u>Name of the Limited Liabili</u> (Λ Florida | ty Company as it now app Limited Liability Compan | oears on our y) | r records.) | | |
|---|--|--------------------------|----------------------------------|--|--|
| The Articles of Organization for this Limited Liability | Company were filed on _ | March | 17, 2005 | and assigned | |
| Florida document numberL05000026983 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lin | nited liability company | <u>here</u> : | | | |
| Independent Restaurants Association of South Florida, LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ade | stered office address o dress here: | n our rece | ords, <u>enter 1</u> | the name of the new | |
| , | | | , | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | (Enter Flor | rida street ad | dress) | |
| | | (| _, Florida | , | |
| | (City) | | _, Fioriua | (Zip Code) | |
| New Registered Agent's Signature, if changing Register | ed Agent: | | | | |
| I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change | ind complete performan agent as provided for in ed office address, I her | ice of my d Chapter 6 | luties, and I o 508, F.S. Or, | am familiar with and if this document is | |
| | • | | | <u> </u> | |
| | (If Changing Registered | Agent, <u>Signa</u> | ature of New Ro | FEB -4 AHASSEE | |

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 = M MGRM = | anager Managing Member | | |
|-------------------|---------------------------------------|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter cha | ange(s) here: (Attach additional sheets, if necess | ary.) |
| | | | |
| _ | | | |
| Dated | Thimas | O Waght | 2008 F SEC TALL |
| | Thomas D. Wr | ped or printed name of signee | THASSEE, AHASSEE, AHA |
| | | Page 2 of 2 | PH 3: |
| | | Filing Fee: \$25.00 | 교육 💢 |