L05000037719

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

Office Use Only



600053893116

05/09/05--01039--003 **25.00

N 05/10/03

OS MAY -9 PH 12: 18
SECRETARY OF STATE
TALLAHASSEE

TRANSMITTAL LETTER

	gistration Section vision of Corporations	
SUBJECT:	The Gilchrist Grill	
	(Name of Limited Liability Company)	
	d Articles of Amendment and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning this matter to the following:	
	Dara L Wilkerson	
	(Name of Person)	
	The Gilchrist Grill	TAS
	(Firm/Company)	ECARE ELAR
	9051 NE 90 Street	FILED 5 MAY -9 PM 12: 18 SECRETARY OF STATE ALLAHASSHE FLORIDA
	(Address)	EF.S
	Bronson, FL 32621	2: 1: ORIII
	(City/State and Zip Code)	₩. W
For further i	information concerning this matter, please call:	
Da		or 352-222-1956
	(Name of Person) (Area Code & Daytime Tel	ephone Number)
Enclosed is a	check for the following amount:	
ઇ \$ 25.00 Fil	Certificate of Status Certified Copy (additional copy is enclosed)	J \$60.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	The Gichrist Grill			
_	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on 4/18/2005 and assigned document number L05000037719			
SECONI	The following amendment(s) to the Articles of Organization was/were adopted by liability company:	the lim	ited	
	The name was misspelled, it should read The Gilchrist Grill.			
		JAT 38	05	
		CRE	MAY	
		RETARY OF STATE AHASSEE FLORIDA	6- 7	-
		FE P	3	
		101. 71.S	12:	`~
	av 5 2005	AIDA		
Dated M	ay 5			
	Signature of a member or authorized representative of a member			
	Dara L Wilkerson			
	Typed or printed name of signee			

Filing Fee: \$25.00