

L05000086077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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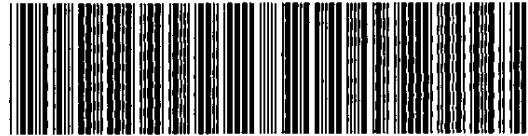
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 22 PM 11:46

T. HAMPTON

NOV 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellow Tail Grill
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:

Name of Person

Donald J Rinelli
413 NW Sheffield Cir
Port St Lucie, FL 34983

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald J Rinelli at (772) 370-8989
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Yellow Tail Grill L.L.C.

10 NOV 22 PM 11:46

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

* 8/30/2005

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L05000086077.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rinelli's Yellow Tail "L.L.C."

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DONALD J RINELLI
413 NW SHEPPARD CIR.
PORT ST LUCIE FL. 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 608, 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 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	Name	Address	Type of Action
MGRM MGR	BRIAN LONG (REMOVED)	101 N 2ND ST FORT PIERCE FLORIDA 34950	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM MGR	DONALD J RINELLI	413 N.W. SHEFFIELD CIR. PORT ST LUCIE FLORIDA 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 11th, 2010
11-11-10


Signature of a member or authorized representative of a member
DONALD J RINELLI

Typed or printed name of signee

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