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K. SALY EXAMINER APR 11 2011

COVER LETTER

Division of Co	orporations				
SUBJECT:	ONE	CRG, LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Terence Terenzi			
		Name of Person			
One CRG, LLC					
					
Post Office Box 341258					
	 				
Tampa, FL 33694					
		City/State and Zip Code			
	j.;	terenzi@hotmail.com to be used for future annual report			
		-	·		
For further information	concerning this matter, please of	call:			
	rence Terenzi	at (813)	889-7865		
Name of Person Area Code & Daytime Telephone Number			aytime 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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TO:

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

FIL	LED
11 APR -8	PM .
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	ONE CRG, LLC	IALL	Allase of STATE
(Name of the Limited I (A F	iability Company as it now appear Torida Limited Liability Company)	s on our records.)	Allassee, FLORIDA
The Articles of Organization for this Limited Lia Florida document number L060000206	· · ·	02/24/2006	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	le limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	0X)		
7			
			,
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on o ce address here:	ur records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
N. D. J. 1000			
New Registered Office Address:	Fnt	er Florida street ada	Iross
	Liner I tortau street uuuress		
	City	, Florida	Zip Code
/	cuy		ыр Соие

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Terence Terenzi	PO Box 341258 Tampa, FL 33694	Add _☑ Remove
MGR_	Thomas Schelldorf	PO Box 341258 Tampa, FL 33694	Add Remove
MGRM	Coterie Restaurants Group, LC	PO Box 341258 Tampa, FL 33694	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			-
7			_
Dated	April 5, 2011		<u></u>
	Q -0, -0, -9	authorized representative of a member	
_		of Coterie Restaurants Group, LLC printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00