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To:

Division of Corporations

Fax Number

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From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone ; (305)789-3200 Fax Number : (305)789-4137

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Tpetrillo@therestaurantpeople.com

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290 EAST ATLANTIC, LLC

## Docusign Envelope ID: E3E9B9E1-4CCB-46CB-8ACF-9188143F60EB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appe bility Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL06000023024	ere filed on _	March 2, 2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company l	here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> -		<del> </del>
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
,	-		·
B. If amending the registered agent and/or registered office add	tress on our	records enter the nam	e of the new remistered
agent and/or the new registered office address here:	400 011 041	· ·	
			. ••
Name of New Registered Agent:			
New Registered Office Address:			•
	Enter Flo	orida street address	_
		, Florida	
New Registered Agent's Signature, if changing Registered Agent;	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of vided for in	f my duties, and I am fo Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TIMOTHY PETRILLO	i7 W. LAS OLAS BLVD.	□Add
		FT. LAUDERDALE, FL 33301	= Remove
			□ Change
MGR	290 MANAGER, LLC	221 S. ANDREWS AVENUE	≅Add
		FT. LAUDERDALE, FL 33301	□Remove
			□ Change
			⊡Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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(If an effective date is	other than the date of listed, the date must be spe- inserted in this block do we date on the Departm	ecific and cannot be pri es not meet the app	licable statutory fil	more than 90 days after	ional) or filing.) Pursuant to 6 his date will not be h	05.0207 (: sted as th
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