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OB APR 28 PH 2: 47
SECRETARY OF STATE

N. Gulligan APR 2 9 2008

COVER LETTER

TO:	Registration Secti Division of Corpo	on rations	, ,		STAP			
SUBJE	СТ:	STEAK	ESCAP	E BAN	DON)		
(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:								
		<u></u>	BBIE	STOUT of Person)	-			
			(Name	of Person)				
STEAK ESCAPE BRANDON (Firm/Company)					-NDON			
		6469	NW F	19 Wa	4			
		Park	City/State	Idress) Idress) and Zip Code)	3306	7		
For further information concerning this matter, please call:								
	DEFALE (Name of P	Stout erson)	at (_	813 468 (Area_Code & D	3 - 2 & 8 aytime Teleph	one Number)		
Enclose	d is a check for the f	ollowing amount:		/				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of State	ıs Cert	Filing Fee & ified Copy is enclosed itional 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**

STEAN	C ESCAPE	BANDON, UC		
(Name of the Limited Li (A Fl	ability Company as it now apported Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liab				
Florida document number <u>L06000</u>	<u>37</u> 366	TASECT SECTION		
This amendment is submitted to amend the following	ing:	PIL. E. D. OB APR 28 PM 2: 47 SECRETARY OF STATE TALLAHAS SEE FLORID		
A. If amending name, enter the new name of th	e limited liability company h	nere:		
STEAK ESCAPE				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Con	npany," the designation "LLC" or the abbreviation		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
_				
	(City)	(Zip Code)		
Now Dogistared Agent's Signature if shanging Dog	ictored Agents			

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 ' **Address** <u>Name</u> **Type of Action** ☐ Add Remove Remove \square Add Remove Add Remove Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated _____ Signature of a member or authorized representative of a member Ebovah Stout Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00