P. CHARY BUNNAIVAN O STORY P.

Florida Department of State

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To:

Division of Corporations

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From:

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL

Account Number: 076424001425

Phone : (772) 287-2600

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JENSEN BEACH GRILL AND WINGS, LLC

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A. LUNT

AUG-3 2009

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COVER LETTER

TO:	Registration Sec Division of Corp				•	
SUBJ	ECT:	Jensen Beach	Grill and Wings,	LLC		
			ted Liability Company			
Thé en	closed Articles of A	mendment and fcc(s) are sub	omitted for filing.			2019 TAE
Please	return all correspon	dence concerning this matter	to the following:			2009 JUL 31 AM 11: 03 SECRETARY OF STATE TALLAHASSEE, FLORID
Jer			nnifer L. Williamson, Esq.			SSEE
			Name of Person			707
		Crary-Buchanan			经 ?	
			Firm/Company			2
!			555 Colorado Avend	ıė		
			Address			
Stuart, FL 34			Stuart, FL 34994			
	City/State and Zip Code					
		E-mail address: (abinliving@gmail.co	report notificati	on)	
For fu	rther information co	ncerning this matter, please o	eall:			
		R. Taube	at (00 ext. 3131	
	Name of	Lethou	Arcs Code	: & Daytime Te	lephone Number	
Enclos	ed is a check for the	following amount:				
Ţ	5.00 Filing Foo NDI2 a	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy i		Certified (of Status &
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations t 6327 see, FL 32314	Registrat Division Clifton E	T/COURIER tion Section of Corporatio Building	ns	

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jensen Bea	ch Grill and Wings,	LLC	<u> </u>		
(Name of the Limited Liabilit (A Florida	v Company as it now appear	rs on our records.)			
. (A Fiorida	Entitled Elabinty Company)			1	
The Articles of Organization for this Limited Liability (Company were filed on	02/06/2007	and asemne	d	
Florida document numberL07000013276			SERVICE	n	
			AM II: 03 OF STATE	C	
This amendment is submitted to amend the following:			98E 93		
A. If amending name, enter the new name of the lim	nited liability company her	re:	D		
· · · · · · · · · · · · · · · · · · ·					
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation	"LLC" or the abbre	viation	
"L.L.C."	•				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	n====				
(A PHICIPAL OFFICE MANAGEM OF DEPT. IN THE PROPERTY OF THE PRO					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regis	stered office address on	our records, <u>enter</u>	the name of th	e nev	
registered agent and/or the new registered office ad-	<u>dress here</u> :				
Name of New Registered Agent:	•				
Than of How Residence To Specific	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
New Registered Office Address:		771 . 1			
	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 = Ma MGRM = N	nager Ianaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	My Circle Inc.	2222 SE Veterans Memorial Pl Port St. Lucie, Ft. 34952	Add Remove
			A A Reference A A Size
			E O Add Remark 03
			Add Remove
·			Add Remove
·			Add
D. If amend	ding any other information	n, enter change(s) here: (Attach additional sheets, if ne	cessary.)
Dated	July 31	. 2009	
	Signat	uze of a member or authorized representative of a member_	
		Jennifer L. Williamson, E.G. Typed or printed name of signee	
		r Abed of bitined nume or sidned	

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