

LO7000101099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

COO

Office Use Only



300112976913

12/13/07--01039--006 **25.00

FILED

07 DEC 28 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

107

B. KOHR

DEC 31 2007

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OKlahoma South Rest

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED
07 DEC 28 PM 3:23
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
07 DEC 28 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Art of Inc. File
☐ LTD Partnership File
☐ Foreign Corp. File
☒ L.C. File
☐ Fictitious Name File
☐ Trade/Service Mark
☐ Merger File
☐ Art. of Amend. File
☐ RA Resignation
☐ Dissolution / Withdrawal
☐ Annual Report / Reinstatement
☐ Cert. Copy
☒ Photo Copy
☐ Certificate of Good Standing
☐ Certificate of Status
☐ Certificate of Fictitious Name
☐ Corp Record Search
☐ Officer Search
☐ Fictitious Search
☐ Fictitious Owner Search
☐ Vehicle Search
☐ Driving Record
☐ UCC 1 or 3 File
☐ UCC 11 Search
☐ UCC 11 Retrieval

Courier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oklahoma South Restaurant Group, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob C. Morrow

(Name of Person)

Oklahoma South Restaurant Group, LLC

(Firm/Company)

150 SE 2nd Avenue #1301

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacob C. Morrow

(Name of Person)

at (305) 424-4444

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
07 DEC 28 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Oklahoma South Restaurant Group, LLC

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

FILED
07 DEC 28 AM 9:27
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/3/07 and signed
Florida document number L07000101099

This amendment is submitted to amend the following:

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

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

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)

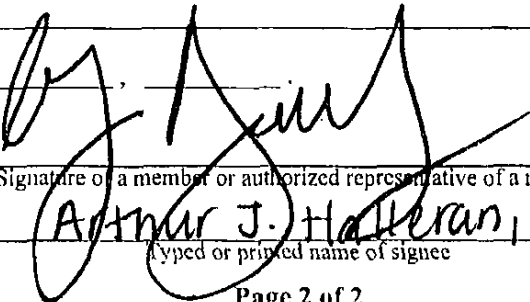
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Arthur J. Halleran, Jr.	150 SE 2nd Ave #1301 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	St. James Restaurant Company, LLC	150 SE 2nd Ave #1301 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> 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
Arthur J. Halleran, Jr.

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00