

LD7000 105899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

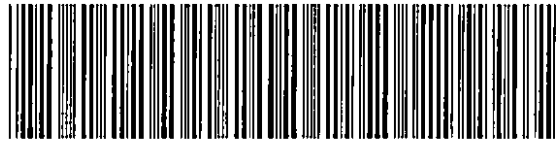
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 SEP 27 PM 3:14

2015 SEP 27 PM 9:56

RECEIVED
SEP 27 2015

T GLASS

SEP 30 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 9/27/2019

PRIORITY Routine

OUR REF # (Order ID#) 772208

ORDER ENTITY

STK MIAMI SERVICE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

STK MIAMI SERVICE, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: katarina.nesslein@stoel.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2019 SEP 27 PM 9:56

STOEL
KATARINA
NESSLEIN

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STK Miami Service, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/18/2007 and assigned Florida document number L07000105899.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1624 Market Street, Suite 311

(Principal office address MUST BE A STREET ADDRESS)

Denver, CO 80202

Enter new mailing address, if applicable:

1624 Market Street, Suite 311

(Mailing address MAY BE A POST OFFICE BOX)

Denver, CO 80202

2013 SEP 27 PM 9:55

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 605, 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

By amending Authorized Person(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	The One Group, LLC	411 W. 14th St., 3rd Fl., New York, NY 10014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	The One Group Hospitality, Inc.	1624 Market Street, Suite 311 Denver, CO 80202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2019 OCT 27 11:55:06
AMERICAN
SOCIETY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 SEP 27 AM 9:56

OFFICE
SECRET

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 27, 2019

Linda Siluk

_____ Signature of a member or authorized representative of a member

Linda Siluk, Chief Administrative Officer

_____ Typed or printed name of signee