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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: SHARK	Y'S WINGS AND G (Name of Lim	RILL YELLOWBLUFF, LI	LC.	0	٠
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	ELIZABETH A SNYDER				
		(Name of Person)			
	SHARKY'S WINGS AND	GRILL YELLOWBLUFF, LLC.			
		(Firm/Company)			
	10667 Grayson Street			2000 OCT 27 SECRETARY ALLAHASSE	
		(Address)			
	JACKSONVILLE FL 322	20		27 ARY SSEE	
		(City/State and Zip Code)		PH FE. FL	ח
For further information co	oncerning this matter, please o	all:		2: 32 STATE LORIDA	C
ELIZABETH A SNYDE	₹	at (904) 318-0888			
(Name of Person) (Area Code & Daytime Telephone Number			er)		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status		ling Fee, ate of Status & d Copy nal 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

SHARKY'S WINGS AND GRILL YELLOWBLUF				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Compan	ny were filed on 10/03/2008	and assigned		
Florida document number 1.08000046869				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and end with the words "Lir" "L.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		TAR ASS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 2: 32 YOF STATE EE. FLORIDA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		r the name of the new		
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** MNG **MURAT DEMIR** 13745 ALESBURY CT Add 🗖 JACKSONVILLE FL 32224 Remove MNG **ELIZABETH A SNYDER** Add 10667 Grayson Street JACKSONVILLE FL 32220 Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/22 2008 Dated [**ELIZABETH A SNYDER** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00