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SECRETARY OF STATE

J. BRYAN

MAY 1 0 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: G/G/S RESTAURANT, LLC. 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:
Name of Person
GIGI'S PESTAURANTUC
85/ NIL Ave, Hollywood FL S3019 Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AUNER GIGI at (415) 637-2780 OR (415) SO5-7069 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

(Name of the Limited El (A F)	Tability Company as it now appears on lorida Limited Liability Company)	Our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L090000</u>	oility Company were filed on 4/	and assigned	
This amendment is submitted to amend the follow	ing:	ALCAHASSEE.	
A. If amending name, enter the new name of the	ne limited liability company here:	SSER PROFES	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the sentreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		records, <u>enter the name of the new</u>	
	··		
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 **Address Type of Action** Name Remove ☐ Add ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member UER (SIGI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00