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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	The EnterD	ine Group, LLC		
SUDJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Christopher DiNeno		
			Name of Person	
		The EnterDine Group, LLC		
		-	Firm/Company	
		111 2ND AVE NE, SUITE	200	
			Address	
		ST. PETERSBURG, FL 33	3701	
			City/State and Zip Code	
		CHRISD@ENTERDINE.C	OM to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	·	,
Christo	pher DiNeno		813 789-2468 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & 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

The EnterDine Group, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on October 17, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	73 23
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		FY OF STAN
Mailing address MAY BE A POST OFFICE BOX)		> E
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		- MANAGE
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City , Fior	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

If 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>	Type of Action
MGR	ARTHUR DIEKMAN	111 2ND AVE NE, SUITE 200	
		ST. PETERSBURG, FL 33701	■ Remove
			Change
MGR	CHRISTOPHER DINENO	111 2ND AVE NE, SUITE 200	■ Add
,		ST. PETERSBURG, FL 33701	Remove
			Change
			Add
			Remove
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: If the date inserted in this block ment's effective date on the Depart ecord specifies a delayed ef	does not meet the applicable state timent of State's records. Flective date, but not an efficiency and state the state of	itory filing requiremen	nts, this date will	not be listed
If the date inserted in this block ment's effective date on the Department's effective date of the Department's effective	does not meet the applicable state timent of State's records. Flective date, but not an efficiency and state the state of	itory filing requiremen	nts, this date will	not be listed
If the date inserted in this block ment's effective date on the Department's effective date and the Percord of	does not meet the applicable statement of State's records. Fective date, but not an efficient is filed.	itory filing requiremen	nts, this date will	not be listed
If the date inserted in this block ment's effective date on the Department's effective date of the Policy effective date	does not meet the applicable statement of State's records. Fective date, but not an efficient is filed.	tory filing requirement fective time, at 12	ets, this date will	not be listed
If the date inserted in this block ment's effective date on the Department's effective date of the Policy effective date	does not meet the applicable statement of State's records. Fective date, but not an efficient is filed.	tory filing requirement fective time, at 12	2:01 a.m. on t	not be listed
Mill	does not meet the applicable statement of State's records. Fective date, but not an efficient is filed.	fective time, at 12	2:01 a.m. on t	not be listed

Filing Fee: \$25.00