

L09000055453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 26 PM 8:18

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Eatery 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:

Arnie G. Lockwood
Name of Person

The Eatery LLC
Firm/Company

511 SE 5th Ave
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

george9815@aol.com
E-mail address: (to be used for future annual report notification)

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2011 AUG 26 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Arnie G. Lockwood at (**954**) **295-1085**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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 Eatery 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 06/08/2009 and assigned
Florida document number L09000055453.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

511 SE 5th Ave

Unit 101

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

511 SE 5th Ave

Unit 101

Fort Lauderdale, FL 33301

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

City, 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

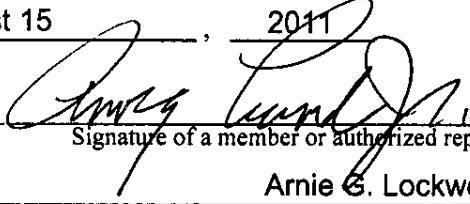
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Donna Krilich	851 Flamingo Dr Fort Lauderdale, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kim M Plencner	1000 Royce Blvd Oakbrook Terrace IL 60181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Arnie G. Lockwood	511 S.E. 5th Ave Unit 101 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 AUG 15 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated August 15, 2011


 Signature of a member or authorized representative of a member

 Arnie G. Lockwood

 Typed or printed name of signee