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SECRETARY OF STATE
TALLAMASSEF, FI OPINIO

T. HAMPTON
SEP-7 2011
EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	OKS Com	mercial & U, LLC	
Scooler,		ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Lazara Villalobos	
		Name of Person	
	OKS	Commercial & U, LLC	<u> </u>
		Firm/Company	
		PO Box 772290	
		Address	
		Miami, FI 33186	
		City/State and Zip Code	
	Ipi E-mail address: (t	nera@queensfort.net o be used for future annual repor	t notification)
For further information	concerning this matter, please co	all:	
La	zara Villalobos	at (_305)_	424-4444
Name	of Person	Area Code & D	Paytime 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/CO Registration Division of C Clifton Build	Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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UKS CO	ommercial & U, LLC	SECRETARY OF STATE	
(Name of the Limited Liability) (A Florida	Limited Liability Company)	s on our remail AHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	7/24/2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter the name of the ne	
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces. DRRECTION TO ARTICLE III	FILE SECRETARY SECRETARY
 Pated	August 30th	011 W	OF STATE
	A	thur J Halleran, Jr. d or privited name of signee	

Page 2 of 2

Filing Fee: \$25.00

ARTICLE III

THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS:

SOLE PURPOSE OF COMPANY IS TO CONSIST ONLY IN DEVELOPMENT, OWENERSHIP, OPERATIONS AND MAINTENANCE OF SONIC RESTAURANT. THE COMPANY MAY NOT ISSUE ANY ADDITIONAL MEMBERHISP INTEREST & NO MEMBER MAY TRANSFER, ASSIGN OR PLEDGE ANY MEMBERSHIP INTEREST WITHOUT THE PRIOR WRITTEN CONSENT OF SONIC.

