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ALL AHASSEF FLORING

D. BRUCE
MAR 1 5 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	RL Res	RL Restaurants LLC Name of Limited Liability Company		
	Name of Limit			
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:		
		Greg Leitzinger Name of Person		
		Name of Person		
	RL Restaurants LLC			-
Firm/Company			∑	
	345 W Fairbanks Ave.		HAR ECRET	
	Address			
	Winter Park, FL 32789			
		City/State and Zip Code		
	Wi	nterpark@kekes.cor o be used for future annual re	n	OF STATE EE. FLORIDA
For further information	concerning this matter, please c		port nourisation)	Þ
Gi	reg Leitzinger	at (407)	797-4961	
Name of Person			& Daytime Telephone Nu	ımber
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) Cert	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	COURIER ADDRES on Section of Corporations ailding	SS:
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RL Restaurants Ll			
(Name of the Limited Liability Company as it not (A Florida Limited Liability Co	w appears on our records.) moany)		
· · · · · · · · · · · · · · · · · · ·			
The Articles of Organization for this Limited Liability Company were filed	on Sept. 8th 2009 and assigned		
Florida document numberL0900085922			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	oany here:		
The new name must be distinguishable and end with the words "Limited Liabilit "L.L.C."	cy Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	AF H		
	AR B		
	ASA = =		
Enter new mailing address, if applicable:	SEE SEE		
(Mailing address MAY BE A POST OFFICE BOX)	77		
Indiang duaress harr be 111 our of the boxy	FORDA SE		
	<u> </u>		
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the nev</u>		
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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action MGRM** Nicholaus Rohrbach 803 Main Street ☐ Add ✓ Remove Windermere FL 34786 Stanley R. Rohrbach MGRM 803 Main Street ☐ Add Windermere, FL 34786 **✓** Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary), Dated Signature of a member or authorized representative of a member Gregory Leitzinger

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00