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EXAMINER

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ECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

SUBJECT:	3343 Restaur	ant Management,LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
		Richard Roberts Name of Person		
		Name of Ferson		
	Roberts, S	Seward, Speed & Compan	y,PA	
		Firm/Company		
	50	09 East Jackson Street		
Address				
		Tampa El 33602		
Tampa, FL 33602 City/State and Zip Code				
		rs1040@rscpa.net		
	E-mail address:	to be used for future annual report not	ification)	
For further informatio	n concerning this matter, please	call:		
0	ichard Roberts	. 010	225-1040	
	e of Person	at (813 _) Area Code & Daytin	me Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3343 Restaurant Managem	nent, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	<u>/ appears on our records.</u>)	
(
The Articles of Organization for this Limited Liability Company were filed or	on October 26, 2009 and assigned	.d
Florida document numberL09000102934		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
,		
The new name must be distinguishable and end with the words "Limited Liability	Company "the designation "LLC" or the abbre	viation
"L.L.C."	company, are assignation. EEG of the above	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Francisco de la constanta de l		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
		
B. If amending the registered agent and/or registered office addres	ss on our records, enter the name of th	e new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		

New Registered Office Address:	Enter Florida street address	
	Enter Florida street adaress	ļ
	, Florida 😇 🛴 📟 🚾	<u>.</u>
City	Zif Code	
New Registered Agent's Signature, if changing Registered Agent:	TQ ₹ M	1
	S 5 5	ł
I hereby accept the appointment as registered agent and agree to act in	1 this capacity. I further after to comply w	ith .
the provisions of all statutes relative to the proper and complete perform	mance of my duties, and Lam familiar with	h and
accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I	or in Chapter 008, r.s. Or, ij inis accument Thereby confirm that the limited liability	u is
company has been notified in writing of this change.	203 cong. in mar me immed maching	

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 Type of Action **Title** Name **Address** MGR **Gregory Anastasas** 646 Saxony Blvd 🗸 Add St Petersburg FL 33716 Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏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 RICHARD A. ROBERTS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00