L/00000/8833

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT |
| SEP 27 2011 |

EXAMINER

Office Use Only



000212276320

09/26/11--01042--017 **25.00

COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|--|---|--|---------|
| SUBJECT: TH | E BRASSERI Name of Lim | E LLC | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all corresp | oondence concerning this matter | r to the following: | | |
| | CARL W | . Sm: +H Name of Person | | |
| | <u>Sway</u> | GR. LLE LLC Firm/Company | , | |
| | 1356 | Address Address Address Address Address Address City/State and Zip Code A Shman Lanto be used for future annual report notifications | AND SECRET | |
| ٠. | JACKS. NV | City/State and Zip Code | 33350 SEE FARSTON | FILED |
| | Controller E-mail address: (| R @ Askmaw LEA to be used for future annual report notific | asing, Co The | 9 |
| For further information | concerning this matter, please of | call: | gm (F | |
| ARL W. | Sm. 4h | at (<u>94)</u> <u>141-9 Area Code & Daytime</u> | 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 enc | |
| | | | | |

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 BRASSERIE (Name of the Limited Liability Compan | LLC | | |
|--|---|---|--|
| (Name of the Limited Liability Compar (A Florida Limited Li | <u>(y as it now appears or</u> iability Company) | <u>ı our records.</u>) | |
| The Articles of Organization for this Limited Liability Company | were filed on <u>o</u> | /08/Jo/o and assigned | |
| Florida document number <u>L/00000/8833</u> | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | |
| The new name must be distinguishable and end with the words "Limit | | | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ted Liability Company," | the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | NA | 2017 2017 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | - S 2 2 | |
| Enter new mailing address, if applicable: | NIA | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | records, enter the name of the new | |
| Name of New Registered Agent: | 7 | | |
| New Registered Office Address: | P. | ri di | |
| | Enter Florida street address | | |
| | City | , Florida Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | Cuy | Zip Code | |
| New Registered Agent's Signature, it 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 Title <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove □ Add Remove ΠAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9/12/20// , 20// . Signature of a member or authorized representative of a member PARL W. Sm: +H

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00