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(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:		
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2015 NOV - 2 MH 8: 4

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	00195
	REFERENCE	:	856271	7805619
	AUTHORIZATION	:	Low	
	COST LIMIT	:	\$ 20.00	Kenan
ORDER DATE :	November 2, 2015			
ORDER TIME :	12:35 PM			
ORDER NO. :	856271-015			
CUSTOMER NO:	7805619			
	DOMESTIC AM	END	MENT FILI	NG

NAME: GEORGE, CHARLIE AND ROCCO, LLC

EFFECTIVE DATE:

<u>XX</u>	ARTICLES	OF A	MENDI	MENT					
I	RESTATED	ARTI	CLES	OF I	NCC	RPORAT	OIT	1	
PLEASE	RETURN	THE F	'OLLOV	VING	AS	PROOF	OF	FILING:	
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CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	George, Cha	nlie and Nocco,	LLC
The enclosed Articles of	Amendment and fcc(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
	Maria de la companya	City/State and Zip Code	
	E-mail address: (to be used for future annual report note	fication)
For further information of	concerning this matter, please c	all:	
Name o	of Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filling Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Cupy (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

(Name of the Limited Liability Co	lie and Rocco	, LLC	-	
(Name of the Limited Liability Company as it pow appears on our records.) The Articles of Organization for this Limited Liability Company were filed on				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited 1	iability company here:			
The new name must be distinguishable and contain the words "1 imited 1.	ishiliry Company " the desire the	"I I C" or the abbreviation "	116	
	monty company. the designate	7.12. Of the abbreviated	23	
)	(T) (C)		Same in
		32.5		Checkens.
		Signal Control	7	
Enter new mailing address, if applicable:		लंब	- X	
(Mailing address MAY BE A POST OFFICE BOX)		Q-1		
		58	£	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our renere:	ecords, enter the name	of th	he new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	culdress.		
	Cin			
	Cny	zip Coae	;	

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 605, 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

☐ Remove

□ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name Type of Action <u>Address</u> #3201 Miami Beach, FL 33139 PRemove ☐ Change David C. Bloom 575 Medison Ave. (prAdd New York, NY 10022 ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change 5bA □ ☐ Remove 2015 to V - 2 Remove □ Change □ Add

any other information		e(s) here: (Atto	uch additional s	heets, if necessar,	y.)	
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e, if other than the date must be	ate of filing:	ot he prior to date (of filing or more tha	(optional)	.) Pursuant to 6	05.0207
ate inscried in this bluc	k does not meet t	ne applicable sta	tutory filing requ	irements, this date	will not be li	sted as
rective date of the 12cp	antinent of state;	11800103.				
pecifies a delayed i	effective date,	but not an e	ffective time,	at 12:01 a.m.	on the ear	lier of
day after the recor	d is filed.					
10/30		2015				
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71	<u> 5 </u>				<u> </u>	2015
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Davie	1 C. B(00	en, Mai	uay er		<u> </u>	- AON
	Турс	d or printed name	of signee		SET SET	Ċ
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		Page 3 of 3	3		WON'S SIAIS	8: 4 !
	c, if other than the die is listed, the date must hate inscreed in this bloc feetive date on the Deponential and after the recording of the feeting of the f	c, if other than the date of filing: let is listed, the date must be specific and cannot late inscreed in this block does not meet to feetive date on the Department of State's pecifies a delayed effective date, day after the record is filed. 10/30	c, if other than the date of filing: let is listed, the date must be specific and cannot be prior to date of late inscreed in this block does not meet the applicable state feetive date on the Department of State's records. Decifies a delayed effective date, but not an eday after the record is filed. 10/30, 20/5. Signature of a member or authorized reflective or printed name.	late inscried in this block does not meet the applicable statutory fring requirements of State's records. Decifies a delayed effective date, but not an effective time, day after the record is filed. 10/30 , 2015.	c, if other than the date of filing:	c, if other than the date of filing: (optional)