## L10000019507

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D. BRUCE
DEC 12 2011
EXAMINER

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT: SEGMAC RESTAURANT GROUP LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:			
SEAN EGWYNN Name of Person			
SEGMACRESTAURAUTEROUP LLC Firm/Company			
4050 445 ST N # 126 Address  Fee =			
Stanguation Rangel Cana			
SAINT PETERS BURG FL 33703  City/State and Zip Code  Stangusynn Ramad. Com  E-mail haddress: A to be used for future annual report notification)  For further information concerning this matter, please call:			
SEAUE GWYNA at (727) 652 - 1139  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \& \text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{Certified Copy}\$\$ (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  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGMAC Kestaurant	GROUPLLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000019507</u>	were filed on $\frac{2/19/2010}{2010}$ and assigned
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 "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4050 4th STN # 126
(Principal office address MUST BE A STREET ADDRESS)	SAINT POLISBUTES 33703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4050 44 ST 18 FL 33703
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: 5 EA 1	EGWYNN  HE ST N  Enter Florida street address  PHE SOUJA, Florida 33703  City Zip Code
New Registered Office Address: 4050	4125TN
Cn.n+	Pole 1 h 12 703
JAINI	City , Florida 55705 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

Page 1 of 2

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 <u>Title</u> Name 1 **Type of Action** MGRM Michael PMcGugan 530/10th Ave N

ST Pawsburg FL 33710 Remove  $\prod$  Add Remove Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12011 Dated a member or authorized representative of a member SEAN EGWYNN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00