

(Re	equestor's Name)	
(Ac	ldress)	<del></del>
(Ar	ldress)	
	,	
(Ci	ty/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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## G. MCLEOD

AUG. - 2 2010

**EXAMINER** 



200183425332

07/30/10--01024--011 \*\*25.00

HILED 10 JUL 30 PH 3: 46 ALLAHASSME, FLORES,

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Bosto	on Grill, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Com Donoi	
•		Sam Ronci	
2		- Name of Person	-
	Phoeni	x Accounting Services, LLC	
		Firm/Company	
	1093 A	11A Beach Boulevard #174	
		Address	
•			
3	St	. Augustine, FL 32080	
		City/State and Zip Code	
	PI	noenixAccn@aol.com	
	E-mail address: (	noenixAccn@aol.com to be used for future annual report notific	cation)
For further information	concerning this matter, please of	eall:	
· · ·			007.4000
	tichard Ronci	at (	697-1666
Name	of Person	Area Code & Daytime	: Telephone Number
τ			•
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		2	
2.5.0	LING ADDDDGG		en annece.
MAILING ADDRESS: Registration Section		STREET/COURING Registration Section	
	ion of Corporations	Division of Corpora	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Boston Grill, LLC	<u> </u>			
( <u>Name of the Limited</u>	Liability Company as it now Florida Limited Liability Cor	y <b>appears on c</b> npany)	our records.		
The Articles of Organization for this Limited L Florida document numberL10000036	iability Company were filed		ch 18, 2010	and ass	signed
This amendment is submitted to amend the foll	owing:		•	. ,	-
A. If amending name, enter the new name o	f the limited liability comp	any here:	,		•
Phoe	enix Accounting Service	s, LLC			
The new name must be distinguishable and end wi'L.L.C."	th the words "Limited Liability	/ Company," t	he designation "	LLC" or the	abbreviati
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	TADDRESS)			7.00 7.00 7.00 7.00	
Enter new mailing address, if applicable:				UL 30	Factories Factories
(Mailing address MAY BE A POST OFFICE BOX)				mg R	[1]
				3: 46 S 746	O
B. If amending the registered agent and/ registered agent and/or the new registered or		ss on our re	ecords, <u>enter</u>	the name o	of the no
Name of New Registered Agent:	Richard Ronci	* * * * * * * * * * * * * * * * * * *	1 .	· ,	<del>.</del>
New Registered Office Address:	80 Surfview Drive - L		ouido ott!	duana	•
			orida street add		_
	Palm Coa	st .	, Florida	32137	
	City			Zip Code	e

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, 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 . **Address Type of Action** Name MGR Carol Ronci 160 Pantano Cay - Unit 3302 St. Augustine, Ft. 32080 ☐ Add ✓ Remove Richard Ronci MGR ✓ Add 80 Surfview Drive - Unit 516 Palm Coast, FL 32137 Remove Remove Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 23 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00