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EXAMINER

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COVER LETTER

7					
SUBJECT:	EXCELSIOR RES	TAURANT GROUP	_LC		
	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	,	JOHN J HOWARD III			
Name of Person					
	IP LLC				
Firm/Company					
8165 VILLA DR					
City/State and Zip Code					
JJJDH37@EARTHLINK.NET E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of		,		
·					
	IN J HOWARD JD of Person	at (407_)	902-6106 time Telephone Number		
Tuino	or rollon	702 0000 00 00,	The state of the s		
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 enclo	sed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

EXCELSIOR RESTAURANT GROUP LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Company Florida document number		04/23/2010	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	:		
EXCELSIOR RESTAURANT	GROUP ORLAN	NDO LLC.		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compan	y," the designation		reviation
Enter new principal offices address, if applicable:	8165 VILLA DR		AH.	<u>n</u>
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32836		-3	m
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8165 VILLA DE		PN 1: 36 OF STATE E. FEORIDA	ਹ —
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er records, enter	the name of t	he new
Name of New Registered Agent: New Registered Office Address:	17	1/1-		
	Ente	r Florida street a	ddress	
	C'A	, Florida _	7: 0 1	
Non-Book and Annual Charles and Charles an	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1			

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 **Type of Action Address** Title Name 1 MGRM TIMOTHY W COLE 8165 VILLA DR □ Add √ Remove ORLANDO FL 32836 ☐ Add Remove ☐ Add Remove HAY Add Remove Adda Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04/23/ 2010 Dated gnature of a member or authorized representative of a member JOHN J HOWARD III

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Typed or printed name of signee

Filing Fee: \$25.00