# 110000130220

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2011 JUL 12 AN 10: 22
SECRETARY OF STATE

T. CLINE

JUL 13 2011

**EXAMINER** 

# **COVER LETTER**

то:	Registration Sec Division of Corp					
SUBJE	ect.	THE	DINER LLC			
00200		Name of Limi	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		PE	ETER B. WEINTRAUB			
			Name of Person			
		WEINT	RAUB & WEINTRAUB	P.A.		
			Firm/Company			
		2700 N I	MILITARY TRAIL SUIT	E 355		
			Address			
		ВС	CA RATON, FL 33431			
			City/State and Zip Code			
		PBW@W	/EINTRAUBLAWFIRM	.COM	<b>5</b> 2	
		E-mail address: (	to be used for future annual repor	t notification)		
For fur	ther information co	oncerning this matter, please o	all:		AHA JUL	CATE SAME TO
	PETER	B WEINTRAUB	at (_561_)	988-6411	12 ARY SSE	£
	Name of	Person	Area Code & I	Daytime Telephone Number	of STA	*****
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &	

### **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

	E DINER LLC			
(Name of the Limited Liability (A Florida	Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L10000130220			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
PARI	K TAVERN LLC			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation	"LLC" or the abbrevia	tion
a.a.c.			TAL SE	
Enter new principal offices address, if applicable:	T. 1 10 2 112 21 12 2 2 12 18 18	· · · · · · · · · · · · · · · · · · ·		<b>3</b> 1.
(Principal office address MUST BE A STREET ADDI	(ESS)			∺ar-, 3,,,Î
			135	* ALANE
	<del></del>			11
Enter new mailing address, if applicable:				51.2 W. 198
•			100	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	_
				_
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the r	<u>1ew</u>
Name of New Registered Agent:				_
New Registered Office Address:				
	En	ter Florida street a	ddress	
·		, Florida _		
	City		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

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

	Add Remove  Add Remove  Add Add Add
	Remove
	□Add
	Ada
	Add Remeye
enter change(s) here: (Attach additional shee	- S S
	2011 ure of a member or authorited representative of a me

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00