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(Cit	y/State/Zip/Phone	; #)
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EXAMINER



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SECKLIARY OF STAIL
AND A SSEEL FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	DALTON'S TAE	BERN AND GRILL LLC	
Name of Limited 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:	
			GERARDO MORAN	
			Name of Person	
		IMN	MIGRATION SERVICES	
			Firm/Company	
400			0 N FERN CREEK AV	
			Address	
		(ORLANDO FL 32803	
			City/State and Zip Code	
		GMOI	RAN@BELLSOUTH.NET	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	call:	
	GERA	RDO MORAN	at (407)	924-2136
	Name of	Person	Area Code & Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DALTON'S TABERN AND GRILL LLC

(<u>Name of the Limited Li</u> (A Fl	<mark>ability Compan</mark> orida Limited Li	y as it now appear lability Company)	s on our records.)		
The Articles of Organization for this Limited Liab Florida document numberL1100000793	-	were filed on	01/20/2011	and ass	igned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company her	<u>e</u> :		
D	ALTON'S G	RILL LLC			
The new name must be distinguishable and end with the "L.L.C."	he words "Limit	ed Liability Compa	ny," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applicab	le:	NON APPLIC	ABLE		
(Principal office address MUST BE A STREET)	4DDRESS)				
					at attack
Enter new mailing address, if applicable:		NON APPLIC	ABLE	UN - I	ES APPLIES
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			राष्ट्र 🎅	
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, enter	S 203	f the new
Name of New Registered Agent:	NON APPLI	CABLE			·
New Registered Office Address:		Ent	ter Florida street ac	ddress	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAFAEL HERNANDEZ SR	5180 SOUTH CONWAY RD ORI ANDO FLORIDA 32812	Add ✓ Remove
MGR	RAFAEL HERNANDEZ JR	5180 SOUTH CONWAY RD ORLANDO FLORIDA 32812	Add Remove
	N/A		Add Remove
	N/A		Add Remove
	N/A		Add Remove
**************************************	N/A		Add Remove
	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	

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Filing Fee: \$25.00