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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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B. BOSTICK APR 26 2011

EXAMINER

COVER LETTER

TO: Registration Section

Division of C	Corporations				
	PK Re	staurants LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
		Perry Tennell Name of Person			
		Chips Tex Mex			
		Firm/Company			
		2801 N Tamiami Tr. Address	····	-	
		Sarasota, FI 34234 City/State and Zip Code		SELE	<u> </u>
	pe	rrytennell@yahoo.com to be used for future annual report in	atification)	HASSI	PR T
For further informatio	n concerning this matter, please	•	otrication)	me. Mej.	THE STATE OF THE S
Perry Tennell Name of Person		at (941)	320-2285	FLORIDA	3. 00
1401	ic of reason	Augu Coue a Day	Time Peterphone Palmer		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Statu Copy	us & enclosed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	rporations g c Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Restaurants LLC			_	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now apper Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability of Florida document number 68-8015621640-7		04/11/11	and	assign	ned
This amendment is submitted to amend the following:	102V				
A. If amending name, enter the new name of the lim	nited liability company he	ere:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	oany," the designation '	LLC" or th	ne abbi	reviation
Enter new principal offices address, if applicable:	*****				
(Principal office address MUST BE A STREET ADD	RESS)		No.		
				A R	<u></u>
			iASS	rs.	%.272.000 • 100.00000 • 1.
Enter new mailing address, if applicable:			(7)	<u>u</u>	
(Mailing address MAY BE A POST OFFICE BOX)			E. FLORIE	==	Reserved.
			<u> </u>	ယ္	
				0	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name	e of t	he new
registered agent and/or the new registered office auc	iress nere.				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	City	, Florida	Zip Ce	ode -	

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, <u>enter the title, name, 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
mgrm	Kenneth Ingersoll	642 Gillespie Ave Sarasota, FL 34236	Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add. Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necess	SET SINE OF STREET
Dated	April 18	$\frac{2011}{2}$	
	Signature of a n	Perry Tennell Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00