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2015 MAY 21 PH 4: 32

K.SALY EXAMINER MAY 26 2015

COVER LETTER

TO: Registrati Division o	on Section f Corporations				
	estaurants, LLC				
Name of Limited Liability Company					
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.				
Please return all cor	respondence concerning this matter to the following:				
	Perry R. Tennell				
	Name of Person				
	Firm/Company				
	7906 17th Avenue West				
	Address				
	Bradenton, Florida 34209				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further informa	tion concerning this matter, please call:				
Perry R. Tennell	941 320-2285 at (
N	ame of Person Area Code Daytime Telephone Number				
Enclosed is a check	for the following amount:				
■ \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

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

2015 MAY 21 PH 4:32

PK Restaurants, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed on April 7, 2011	and assigned
Florida document number L11000041626		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Tennell Properties, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		<u>,</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		s, enter the name of the new
		-11
New Registered Office Address:	Enter Florida street addres	3S
	FI	orida
	City	orida
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, a nt as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

or removed from our records: FILED MGR = Manager 2015 MAY 21 PM 4: 32 Type of Action AMBR = Authorized Member TALL ARASSEF, FLORID. - Add Title **Address** <u>Name</u> ☐ Remove ☐ Change □ Add □ Remove _□ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	
(If an e	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
D-4-	d May 12, 2015
Date	• 9

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Typed or printed name of signee

Filing Fee: \$25.00