

L11000100141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

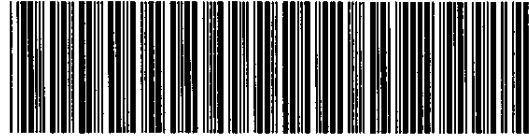
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2013 DEC -9 PM 5:11
HALL COUNTY CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SMKS Dining Group LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Kontos

Name of Person

SMKS Ding Group LLC

Firm/Company

3009 E Las Olas Blvd

Address

Ft Lauderdale, Fl. 33316

City/State and Zip Code

Yannio6@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Kontos

Name of Person

at **954 270-0572**

Area Code & Daytime Telephone Number

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

SMKS Dining Group 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 Company were filed on August 31, 2011 and assigned
Florida document number L11000100141.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

2013 DEC -9 PM 5:11	FILED
CLERK OF CIRCUIT COURT	
IN THE CIRCUIT COURT FOR THE 17TH JUDICIAL CIRCUIT IN AND FOR FLORIDA	
IN RE: SMKS DINING GROUP LLC	
FILE NO. 11-1000100141	

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Nicholas Lyons	3001 NE 185th St PH 714	<input checked="" type="checkbox"/> Add
		Miami, Florida	<input type="checkbox"/> Remove
		33180	
MGRM	George Stathis	182 Big Oak Tree Rd	<input type="checkbox"/> Add
		Adairsville, GA.	<input checked="" type="checkbox"/> Remove
		30103	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated **December 1**, **2013**


Signature of a member or authorized representative of a member

John Kontos

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT
CLERK OF COURT