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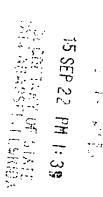
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COVER LETTER

TO:	Registration Se Division of Cor			
etid i	ECT.	All Sports G	Grill Holdings, LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
			Brenda Briggs	
			Name of Person	
		A	ll Sports Grill Holdings, LLC	
			Firm/Company	
		81	01 Richardson Road, Suite 101	
			Address	
			Commerce Twp, MI 48390	
			City/State and Zip Code	
			ggs@askarmanagementgroup.com	
			to be used for future annual report notifi	cation)
For fi	rther information c	oncerning this matter, please ca	all:	
Brenda Briggs				4580 x216
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$2	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

All Sports Grill Hol	ldings, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears	s on our records.)	
he Articles of Organization for this Limited Liability Company forida document numberL11000110383		September 26, 2011	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:	8101 Richardson	Road, Suite 101	
Principal office address MUST BE A STREET ADDRESS)	Commerce Twp,	MI 48390	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	8101 Richardson Commerce Twp,	Noad, Suite 101 MI 48390	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, enter	the name of the
New Registered Office Address:	Enter Flori	ida street address	9 P (4)
	City	, Florida	Zin Code
New Degistered Agent's Signature if changing Degistered Agents	•	12	G

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

F

<u>Title</u>	Name	Address	Type of Action
MGR	Kousay "Casey" Askar	8101 Richardson Road, Suite 101	
		Commerce Twp, MI 48390	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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lote: If the c	ate is listed, the date must date inserted in this bloc ffective date on the Dep	ck does not r	meet the	e applicab							
	pecifies a delayed day after the reco			out not	an effe	ctive tim	e, at 12:0)1 a.m	. on t	he ea	ırlier
ated	August 31		,2	2015	-·						
		<u> </u>									
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_		signature of a	member	or authori	zed repres	sentative of	a member				-

Page 3 of 3

Filing Fee: \$25.00