## 111000122664

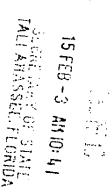
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J. Stevers FEB 11 7075

## **COVER LETTER**

TO: Registration Security Division of Corp			
Olivers G	Grill LLC		
	Name of Limite	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Marilyn Maye		
		Name of Person	
	Olivers Grill LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1278 Port Malabar Bl	vd	
		Address	, , , , , , , , , , , , , , , , , , , ,
	Palm Bay FL 32905		
	<u>.                                      </u>	City/State and Zip Code	
	mayemarilyn@yahoo.		<del>- 1,4 1, 11</del>
		be used for future annual report notific	cation)
For further information co	oncerning this matter, please cal	l:	
Marilyn Maye		321 216-6322	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

Olivers Grill LLC	<del></del>		
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appears on our records. iability Company)	)
The Articles of Organization for this Limited Liab Florida document number L11000122664	ility Company	were filed on October 26 20	11 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne <u>limited liabi</u>	lity company here:	
The new name must be distinguishable and end with the wo	rds "Limited Liabi	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	1278 Port Malabar BLV	)
(Principal office address MUST BE A STREET	ADDRESS)	Palm Bay FL 32905	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	nvi	1278 Port Malabar BLVI Palm Bay FL 32905	)
B. If amending the registered agent and/or registered agent and/or the new registered office			enter the name of the new
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:	1278 Port M	lalabar BLVD	8 - 5 8 - 5 8 - 5
		Enter Florida street address	
	Palm Bay	, Flor	ida 32905
		City	Zip Code
New Registered Agent's Signature, if changing Res	gistered Agent:		Om -

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rufus Cason	6029 Tinley Mill Dr	🗀 Add
		Haymarket VA 20169	■ Remove
MGRM	Jennifer Cason	6029 Tinley Mill Dr	
		Haymarket VA 20169	■ Remove
<del></del>			
		<del></del>	□ Remove
			☐ Add
<del></del>			SEE ORIDA  Remove
			Add
			□ Remove

it amending any other informs	ation, enter change(s) here: (Anach daamonai sheeis, ij hecessary.)
Effective date, if other than the The effective date must be specific, can the date this document is filed by the F	e date of filing: (optional) unot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
Dated December 31	2014
	Rufus Coser
<del> </del>	Signature of a member or authorized representative of a member
Rufus Cason	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 FEB -3 AMID: 41
DEGRETARY OF STAT