

L11000123152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

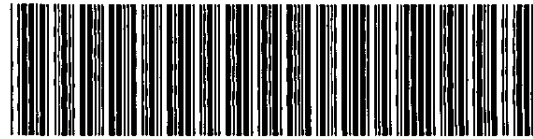
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100241485941

11/07/12--01015--021 **25.00

2012 NOV -7 AM 09 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 8 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Okee's Grill, LLC.

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eric Golomb

(Contact Person)

Golomb Schwartz & Cove PA

(Firm/Company)

9050 Pines Blvd # 386

(Address)

Pembroke Pines FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Golomb

(Name of Contact Person)

at 954 889-0075

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV - 7 AM 8:32

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Okee's Grill 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 10/27/11 and assigned
Florida document number L11000123152.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17911 SW 63 Manor

Southwest Ranches FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17911 SW 63 Manor

Southwest Ranches FL 33331

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:

Robert Saroza

New Registered Office Address:

17911 SW 63 Manor

Enter Florida street address

Southwest Ranches

Florida 33331

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

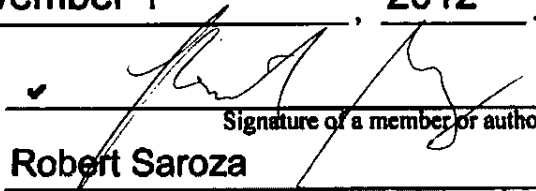
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Manuel Abreu	5741 W 20 Court	<input type="checkbox"/> Add
		Hialeah FL 33016	<input checked="" type="checkbox"/> Remove
MGRM	Robert Saroza	17911 SW 63 Manor	<input checked="" type="checkbox"/> Add
		Southwest Ranches FL 33331	<input type="checkbox"/> 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 14 32

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

Dated November 1, 2012



Signature of a member or authorized representative of a member
Robert Saroza

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 NOV - 7 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED