## L11000 123152

(Re	questor's Name)	
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	aress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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APR 1 % 2013 T. HAMPTON

## **COVER LETTER**

SUBJECT:	Okee 15 Gri	11. LLG	
	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	-		
	NA	thir Gil	
		Name of Person	<del></del>
		•	
		Firm/Company	
	Call	0 . 1 96 Chie	الم
	801	Address	<del></del>
	Hinheah	O NW 95 Stree Address Granders, FL 3	3016
		City/State and Zip Code	<del> </del>
	F-mail address: (t	o be used for future annual report notificati	ion)
For further information o	oncerning this matter, please of	·	on <i>)</i>
1 .			
Nahir	Gil	766 at ( <b>356) Will -</b> 22	2-7798
Name of	f Person	Area Code & Daytime Te	elephone 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)

TO:

Registration Section Division of Corporations

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

	Okee's Grill, LLC	
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Compar	nears on our records.) y)
The Articles of Organization for this Limited I Florida document number <u>L11000123152</u>		3 APR
This amendment is submitted to amend the fol	llowing:	I 6 Pu
A. If amending name, enter the new name	of the limited liability company	16 PH 12: 01
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:	Nahir Gil	
New Registered Office Address:	8040 NW 95 Street	
,		Enter Florida street address
	Hialeah Gardens	, Florida <u>33</u> 016
	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>	Address	Type of Action
MGRM	Robert Saroza	8040 NW 95 Street	Add
		Hialeah Gardens, FL 3301	Remove
MGRM	Nahir Gil	8040 NW 95 Street	Add
		Hialeah Gardens, FL 3301	Remove
			Add
			- Add
			SECRETARY OF STATE OF CORPORAL SECRETARY OF STATE OF CORPORAL SECRETARY OF STATE OF
			Remove
			Add
			Remove

D.· If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del> </del>	
<u></u>	
	2042
Dated April 15	, 2013
	maher Sil
<del></del>	Signature of a member or authorized representative of a member
Nahi	r Gil
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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