11000124854

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	• • #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

FF \$35.00



900216545219

01/24/12--01004--022 **25.00

FILE D

12 JAN 24 PM 1: 13

325095 PARY OF STATE
ALLAHASSEF, FIRRIA

G. MCLEOD
JAN 25 2012
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Square One Restaurant group International 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:

	Mohammed	Chaudhry Name of Person	
	Chaudhry	InC Firm/Company	······································
	221 Roswe	1 Street Suite 170 Address	2
	Alpharetta,	GA 30009 City/State and Zip Code	
	mohammed (o chaudhayin c. com	rion)
For further information (concerning this matter, please p	all:	
Mohammed Name	Chaudhry of Person	at (407) 947-92 Area Code & Daytime 1	14 Gephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[1]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MÁILING 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

Square One Kestaurant	Group International LLC	
Square One Kestaurant (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	. / /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
SOF Holdinas	LLC	
The new name must be distinguishable and end with the words Limit "L.L.C."	ted Liability Company," the designation ELLC" on the abbreviation	
Enter new principal offices address, if applicable:	na AHAS	
(Principal office uddress MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	221 Roswell Stret-w	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 170 Alphanetta, GA 30009	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	t	
	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature if shanging Degistered Agents		

If Changing Registered Agent, Signature of New 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.

MGR = Manager

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:

<u>itle</u>	Name	Address	Type of Actio
			Add
			Add
		1.	□ Add
•		n/a	Add Remove
			Add
			Add
			Remove
	·		
	-		Add Remove
If amen	ding any other information, ent	er change(s) here: (Attach additional shee	ets, if necessary.)
-			
		$N\sim$	
			
ted	November 21	, 2011	
ted	11/	a member or authorized representative of a me	ember

Page 2 of 2

Filing Fee: \$25.00