LII000133283

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SECRETARY OF STATE
TALL ANASSET, FLORIDA

JAN 2 8 2013 T. **HAMPTON**



Charles J. Bartlett

2033 Main Street Suite 600 Sarasota, FL 34237 941.953.8113 Fax: 941.366.6384 cbartlett@icardmerrill.com

icardmerrill.com

January 17, 2014

Registration Section Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Blue Mangrove Grill, LLC f/k/a VS Grill LLC

Dear Sir or Madam:

Enclosed herewith is an original and copy of Articles of Amendment to Articles of Organization for the referenced limited liability company. Please return an acknowledgment copy to my attention at the above address.

If you have any questions, please contact me.

Very truly yours,

ICARD, MERRILL, CULLIS, TIMM, FUBEN & GINSBURG, P.A.

Sharon Firlotte

Certified Paralegal to

Charles J. Bartlett

Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VS GRILL LLC		
(Name of the Limited L. (A F	iability Company as it now appears on our rec lorida Limited Liability Company)	ords.) AL
The Articles of Organization for this Limited Liabil Florida document number L11000133283	ity Company were filed on Novembe	SECHMINASSE 23
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	STATE STATE LORIDA
BLU MANGROVE GRILL, LLC		OF C
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	· ·	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<u></u>
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		erds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	dress
		Florida
_	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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
Title	Name	Address	Type of Action
MGR	Kenneth Dively	102 Riviera Dui	nes Way _{■ Add}
		Palmetto, FL	34221 Remove
			Remove
			2014 ZAN 22 SECHETAIN TALL AHASSE
			AN 200 PH 1-54 WETAIN OF STATE AND ANASSEE, FLORIDA
			Remove
			Add
			□ Remove
			Add
			□ Remove

t amending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filin ne effective date must be specific, cannot be prior to do ne date this document is filed by the Florida Departmen	ate of receipt or filed date and cannot be more than 90 days after
_{Dated} January 15	2014
allejanus	member or authorized representative of a member

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