

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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2019 FEB 12 AM 9: 52 SECRETARY OF STATE

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COVER LETTER

| Division of Corp | orations | | | |
|---------------------------------|---|---|---|--|
| 201 Palm, L SUBJECT: | LC | | | |
| | Name of Limi | ited Liability Company | | |
| | | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspon | idence concerning this matter | to the following: | | |
| | Gary S Phillips | | | |
| | | Name of Person | | |
| Phillips, Cantor & Shalek, P.A. | | | | |
| | Firm/Company | | | |
| | 4000 Hollywood Blvd. Suite 500N | | | |
| | | Address | | |
| | Hollywood, Fl 33021 | | | |
| | billing@ubillington | City/State and Zip Code | | |
| | gphillips@phillipslawyers.c | | | |
| | E-mail address: (f | to be used for future annual report notific | cation) | |
| For further information co | ncerning this matter, please ca | all: | | |
| Gary S. Phillips | | 954 966-1820 | | |
| Name of | Person | at () | Telephone Number | |
| | | | | |
| Enclosed is a check for the | 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:

TO:

Registration Section

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

| 201 Palm, LLC | | |
|--|---|------------------------------|
| (Name of the Limited Liability C (A Florida Lir | Company as it now appears on our records mited Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liability Com | npany were filed on January 6, 2012 | and assigned |
| Florida document number L12000003150 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The Mac and Cheesery 2, LLC | | |
| The new name must be distinguishable and contain the words "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 ADDRES | <u> </u> | 2019 SEC |
| | | ACR TO |
| | | |
| Enter new mailing address, if applicable: | | 2 2 X |
| Mailing address MAY BE A POST OFFICE BOX) | | Man 3 5 |
| | | 75 5 |
| | | ारी 10- |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | , enter the name of the r |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Flo | rida |
| | 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|--|----------------|
| MGR | Allison Phillips | 4000 Hollywood Blvd. Suite | |
| | | | Remove |
| | | | Change |
| MGR | Joshua Phillips | 4000 Hollywood Blvd. Suite 500N Hollywood, Fl 33021 | = Add |
| | | | Remove |
| | | | Change |
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| 7 3.00 | | | | | | |
| If an effectiv Note: If the | e date is listed, the dat se date inserted in th | | cannot be prior to d neet the applicable | ate of filing or more th | (optional) an 90 days after filing.) F uirements, this date w | |
| | specifies a delath th day after the | | ate, but not a | n effective time | , at 12:01 a.m. or | n the earlier of: |
| Dated | bruary 8 | , | 2019 | Z | | |
| | | Signature of a n | nember or authorize | ed representative of a r | nember | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00