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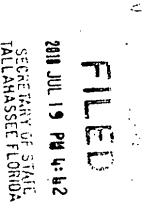
(	Requestor's Name)
	Address)
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## **COVER LETTER**

TO:		istration Sec ision of Corp					
CHDIE	ст.	The Sandbo	ox Grill & Outdoor Patio,LL	.c.			
SUBJEC	Ų1;	Name of Limited Liability Company					
The enci	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn	all correspon	dence concerning this matter	to the following:			
			Jennifer Staley				
				Name of Person			
Firm/Com				Firm/Company	***		
			13881 SE 163rd Pl.				
				Address			
			Weirsdale,Fl.32195				
				City/State and Zip Code		,	
			staleyexpedite@gmail.co			ZALI FALI	~ <u>~</u>
				to be used for future annual r	report notification)	LC3	7
For furth	er in	formation cor	ncerning this matter, please c	all:		芸に	Taranta.
Jennife	r Sta	ley		865 719 at ( )	9-4265	SSEE	
		Name of	Person	Area Code	Daytime Telephone	Number FLORI	
Enclosed	l is a	check for the	following amount:			DA A	•
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) (	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	

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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Original Remraf Eatery, LLC.	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000055038	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The Sandbox Grill & Outdoor Patio,LLC.	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14400 E. Hwy 40
(Principal office address MUST BE A STREET ADDRESS)	Silver Springs,FI.34488
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	
	SSS
	City , Florida
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to act in this capacity with the

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
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If an effective dat Note: If the da	e, if other than the is listed, the date mate inserted in this fective date on the	nust be specific and object does not me	cannot be prior to dat eet the applicable :	e of filing or more th statutory filing req	<b>(option</b> an 90 days after fi uirements, this c	ling.) Pursuant t	o 605.0207 c listed as t
	ecifies a delay day after the re		ate, but not an	effective time	, at 12:01 a.	m. on the e	arlier of
Dated		,	2018	_	. Yes	201 Si	
7	Sonni	Semanter of a m	ember or authorized	epresentative of a	nember	CONETARY O	
ρθL	nifer D. Staley						1.1
			Typed or printed nar			95 <b>5</b>	

Page 3 of 3

Filing Fee: \$25.00