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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Don Redro's Cantina LC 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:
Maria Bludworth Name of Person
Don Pedro's Cantina LC Firm/Company
12889 Emerald Coast Prwy Suite 114-8 Address
Myramar Beach, FL. 32550 City/State and Zip Code
Myamar Beach, FL. 32550 City/State and Zip Code Machangle & hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA BUDWORTH at (850) 598-5689 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Don Pedro's Cantina LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{05/29/2}{}$	012 and assigned
Florida document number L12000071571	- 	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Pedro's Cantina and Grill LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	· · · · · · · · · · · · · · · · · · ·	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	<u>ss here</u> :	
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my a nt as provided for in Chap	luties, and I am familiar with and er 605, F.S. Or, if this document is
		الشائلة المسائلة الم
	If Changing Registered Agent, S	ignature of New Registered Agent
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Page 1 of 3

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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
<u></u>			□ Add
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	ed, the date must be spe	ecific and cannot be prio	or to date of filing or mo	re than 90 days after	r filing.) Pursuant t	o 605.02
tive date, if oth		oes not meet the appli nent of State's record		requirements, thi	s date will not b	e listed
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Filing Fee: \$25.00

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