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K. SALY AUG - 3 2017

COVER LETTER

TO: Registration ! Division of Co				
	S DINER LLC			
SUBJECT:	Name of Lim	nted Liability Compan	y ·	
			i f	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	!	
Please return all corresp	oondence concerning this matter	to the following:	1	
	ESA ZABOURA			
		Name of Perso	ott	
		Firm Compan	y y	
	16305 SAN CARLOS BL	VD		
		Address		
	FORT MYERS FLORIDA	33908		
		City/State and Zip	Code	
	ESAZABOURA@GMAIL	to be used for future a		and and
For figther information	concerning this matter, please c		mital report nome	Catton)
	concerning this matter, prease c		220, 2204	
ESA ZABOURA		239 at (339-3381 _)	
Name	of Person	Area Colle	: Daytime	Telephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Certified Gol tadditional copy	ру	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: stration Section ion of Corporations	Reg	REET/COURIE	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 112 60
2017 JUL 31
2017 JUL 31 PM 3: 17

MARCOS DINER, LLC		1	Thanken 3.17
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	now appears on our records. y Company)	ACLARIARY OF STATE ORIOR
The Articles of Organization for this Limited I		filed on JUNE 8, 2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and registered agent and/or the new registered of	•	address on our records,	enter the name of the no
Name of New Registered Agent:	ESA ZABOURA		
New Registered Office Address:	16305 SAN CARLOS	S BLVD Enter Florida street address	
	FORT MYERS	Vlo	rida 33908
		in the state of th	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to	 act in this capacity. I furt	her agree to comply with th

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANNA FRANGIAS	16305 SAN CARLOS BLVD	□ Add
		FT. MYERS FLORIDA 33908	■ Remove
			□ Change
MGR	· GEORGE FRANGIAS	16305 SAN CARLOS BLVD	∃ Add
		FT MYERS FLORIDA 33908	Remove
			☐ Change
MGR	ESA ZABOURA	16305 SAN CARLOS BEVD	∃ Add
		FT MYERS FLORIDA 33908	□ Remove
			☐ Change
			<u> </u>
			ZAL AHASS
		•	**1 FTF*
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			□ Remove
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ffective date, if other than	the date of filing:		<u> </u>	(option	al)
fan effective date is listed, the date <mark>Note:</mark> If the date inserted in th	e must be specific and cannot be p its block does not meet the ap	orior to date of phicable statu	liting or more than fory filing requi	ements, this d	ing.) Pursuant to 605,020 ate will not be Tisted a
locument's effective date on t	he Department of State's reco	irds.			
e record specifies a dela The 90th day after the		not an eff	ective time, a	at 12:01 a.r	n. on the earlier
The John day after the	record is med.				
Second JULY 25	2017				
Dated 7		 '			
()					
/ / /	Signature of a member or a				

Page 3 of 3

Filing Fee: \$25.00