

L12000079910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

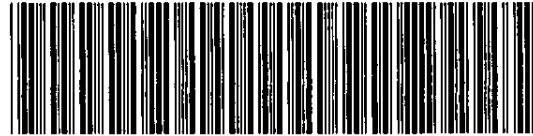
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400236592674

06/25/12--01007--022 \*\*60.00

FILED  
12 JUN 25 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. Gannon JUN 28 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEGACY HARD ROCK LLC  
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:

Munira Meghji

Name of Person

Firm/Company

13510 Cypress Glen Lane

Address

Tampa, FL 33637

City/State and Zip Code

Munira@legacyqsr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Munira Meghji

Name of Person

at ( 718 )

846-2371

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

12 JUN 25 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LEGACY HARD ROCK LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/15/2012 and assigned  
Florida document number L12000079910.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LEGACY HARD ROCK QSR LLC

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 JUN 25 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated June 19, 2012

Signature of a member or authorized representative of a member

Munira Meghji

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00