## L12000086433

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12 JUL 24 PH RE OU SECRETARY OF STATE TALLAHASSEE, FLORID

## **COVER LETTER**

TO:	Registration Section Division of Corporat	ions	•	· ·	
SUBJI	` <b>FCT</b> <sup>\</sup> ~	Rebas Ste	eakhouse LLC.		
3000	<u> </u>		d Liability Company		
The en	nclosed Articles of Amen	dment and fee(s) are subn	nitted for filing.		
Please	return all correspondenc	e concerning this matter to	o the following:		
			Rebecca Roland		
			Name of Person		
	Rebas Steakhouse LLC.				
			Firm/Company		
	16909 High Grove Blvd. Suite A				
			Address		
		С	lermont, FL 34714		
			City/State and Zip Code		
		info E-mail address: (to	o@rebasteaks.com be used for future annual report notific	eation)	
For fur	ther information concern	ing this matter, please cal	l:		
	Rebecca		at ( 352 ) 4	132-3925	
	ivalite of 1 cisol	•	Alea Code & Dayline	receptione (Author)	
Enclos	ed is a check for the follo	wing amount:			
\$25	5.00 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

R	tebas Steakhouse LLC	12 JUL 24 PH 12: 64
(Name of the Limited ) (A	Liability Company as it now appear Florida Limited Liability Company)	s on our reserved TARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Lia Florida document number 4/20008	ability Company were filed on	07/03/2012 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	2:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street address
		, Florida
	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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	anaging Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Lloyd E Hart	16909 High Grove Blvd. Suite D. Clermont, FL 34714	Add Remove
<u>mgrm</u>	Rebecca Roland	16909 High Grove Blue Clermont, Fl 34714	Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	ing any other information, enter chargistered Agent Rebecca Roland	nge(s) here: (Attach additional sheets, if necessaring) is to be MGRM	FILED FILED SECRETARY OF STATE
Dated	July 23 ,	2012 V Jel	
	Signature of a mem	ber or authorized representative of a member	
		Rebecca Roland	
	Тур	ped or printed name of signee	•

Page 2 of 2

Filing Fee: \$25.00