## 11200086933

Office Use Only



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## **COVER LETTER**

Div	ision of Corp	porations	,	
: SUBJECT:		EAKHOUSE LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JULIE CURREY		
			Name of Person	
		REBA'S STEAKHOUSE I	LLC	
			Firm/Company	
		16909 HIGHGROVE BLV	/D	
			Address	<del></del>
			City/State and Zip Code	
		CLERMONT, FLORIDA		
		E-mail address: (	to be used for future annual report notific	ration)
For further in	nformation co	oncerning this matter, please ca	all:	
PETER HAI	RRIS		941 914-4330	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO: Registration Section

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

REBA'S STEAKHOUSE LLC						
( <u>Name of the Limited Li</u> (A Fi	ability Compan orida Limited L	iv as it now appears on iability Company)	our records.)	-	<del></del>	
The Articles of Organization for this Limited Liabili	ity Company v	were filed on $\frac{07/02/2}{}$	2012	8	and assign	ned
lorida document number L12000086933	·					
his amendment is submitted to amend the following	g:					
If amending name, enter the new name of the	limited liabi	lity company here:				
I/A						
he new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the design	nation "LLC" or th	ne abbrevia	tion "L.L.C	¬ ,,
inter new principal offices address, if applicable	:	N/A			····	
Principal office uddress MUST BE A STREET AI	DDRESS)				<del></del>	
Inter new mailing address, if applicable:		N/A				
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u>O</u>				·	
3. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>en</u>	ter the	name of	the r
Name of New Registered Agent:	/A			279.2 320.42	<b>*</b>	
New Registered Office Address:					<b>2</b>	<u>.</u>
		Enter Florida s			64業	1
_	<del></del> -	City	, Florida		p 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 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, 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
MGM	STEVEN GILMARTIN	16909 HIGHGROVE BLVD	□ Add
<del></del>		SUITE A	■ Remove
		CLERMONT, FL 34714	Change
<del></del>			□ Add
			Remove
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		<del></del>	<del></del>	<del></del>			61	<del></del> :
						-		
fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	e specific and cannot does not meet th	e applicable	ate of filing or	more than 90 d ng requireme	_ (optiona ays after filir ents, this da	ıg.) Pur	rsuant to o	505.020 isted a
record specifies a delayed e The 90th day after the recor		but not a	n effective	time, at 1	2:01 a.m	. on	the ea	rlier o
OCTOBER 13		7						
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Filing Fee: \$25.00