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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT
Account Number : I20170000084
Phone : (407)909-9957
Fax Number : (407)909-9957

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LP RESTAURANTS, LLC

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COVER LETTER

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	Registration Se Division of Cor			
SUBJEC	LP Restaur			
SOBJEC	•	Name of Lim	ned Liability Company	
		Amendment and fee(s) are sub	-	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		Michelle Dadisman		
			Name of Person	
		Tavistock Financial, LLC		
		***	Firm/Company	
		9350 Conroy Windermere	Road	
			Address	
		Windermere, FL 3476		
		michelle.dadisman@tavisto	City/State and Zip Code	
			to be used for future annual report not	ification)
For furthe	er information c	concerning this matter, please ca	all:	
Michelle	Dadisman		407 909-9957	
	Name n	f Person	at () Area Code Dayum	le Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$25.0	0 Filing Fec	□ \$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

LP Restaurants, LLC			Ę.,
(Name of the Limited	Liability Company by it now app Florida Limited Liability Compan	<u>agars on our records.</u>) 19)	
The Articles of Organization for this Limited Liab Florida document number L12000692035	ility Company were filed on	July 16, 2012	and assigned.
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company	; here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," (he designation "LLC" or the	te abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
		<u> </u>	
(Mailing address MAY BE A POST OFFICE BC) B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	registered office address	on our records, <u>en</u>	ter the name of the n
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	•		.,
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance red agent as provided for i gistered office address, I he	of my duties, and Lo in Chapter 605, F.S.	ım familiar with and Or, if this document is
	If Changing Registered	d Agent, Signature of Nev	Registered Agent

4/5

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>	Name	<u>Address</u>	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	□ Add
		Suite 200	
			■ Remove
		Orlando, F1. 32827	☐ Change
VP, T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.,	
		Suite 200	■ Add
		3 me 200	□ Remove
		Orlando, FL 32827	□ Change
			□ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			☐ Change

. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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_	
Note: 1	ve date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Navadxi III 200
	Signature of a member or authorized representative of a member
	Michelle R. Reneoret, Vice President & Secretary
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00