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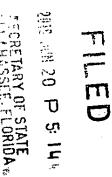
(Re	equestor's Name)	<u>.</u>		
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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: 3	COKING BYCOOD Name of Limit	Restaurant 3LOU ed Liability Company	nge_		
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter to	o the following:			
	Trou	IS L. Ranne Name of Person	-		
		Name of Ferson			
Firm/Company					
	6116 SW 62	2nd Ferrace #4			
		Address			
	South h	Lani 18 3314	3		
	South Hume Il 33143 City/State and Zip Code Orealeurg bread r Legmond with E-mail address (to be used for future annual eport notification)				
-	Drealeura r	read r Legman	win		
			un <i>j</i>		
For further information conc	erning this matter, please cal	ì:			
Traws L. (a,305,587.60	21		
Name of Pe	rson	Area Code Daytime Teli	ephone 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 Tailahassee, 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

(Nafgle of the Limited Liability (A Florida Liability)	Company as it now appears on ohr records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L1200129287</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ł liability company here:
The Ranne Group The new name must be distinguishable and contain 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 ADDRES)	16/16 SN Land Ferrace #4 South Memi, 4e 33/43
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our records, enter the name of the news shere:
Name of New Registered Agent:	(5-07) (5-07) (5-07) (5-07) (5-07) (5-07)
New Registered Office Address:	Enter Florida street address
	City Florida Code
New Registered Agent's Signature, if changing Registered A	rent: SA S.
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is effice address, I hereby confirm that the limited liability
<u>.</u>	Changing Registered Agent, <u>Signature of New Registered Agent</u>

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 Type of Action **Title** <u>Name</u> <u>Address</u> HGR □ Add _□ Remove ☐ Change _□ ∧dd □ Remove _□ Change □ Add ☐ Remove □ Change □ ∧dd ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add T Ξ .⊲ **©** Rem

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). II ame	ending any other information, enter change(s) here: (Altach additional sheets, if	necessary.)
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Note:	ve date, if other than the date of filing: \(\sum \lambda / \to \sum \lambda \colon \rangle \) (extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days If the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605,0207 (3), , this date will not be listed as the
the red) The	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.	01 a.m. on the earlier of:
Dated	June 16,2016.	
	Signature of a member or authorized representative of a member	
	Pepper Mac Rannle Typed or printed name of signce	
	Page 3 of 3	DF ST
	Filing Fee: \$25.00	RIDA