L12000153718

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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

corrected

October 31, 2014

CORPORATE ACCESS

SUBJECT: TONGUE & CHEEK, LLC

Ref. Number: L12000153718

We have received your document for TONGUE & CHEEK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00023330

DEPARTMENT OF STATE

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN	
	PICK UP: 10-30-14	
	CERTIFIED COPY	
₩	РНОТОСОРУ	
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-	Torque : Check LLC (CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	2014 OC
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-	(CORPORATE NAME AND DOCUMENT #)	
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COVER LETTER

TO: Registration Se Division of Con					
Tongue	& Cheek, LLC				
SUBJECT:	Name of Lim	ited Liability Company	reconstructed do utam a **********************************		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Marsha Romero				
	<u> </u>	Name of Person			
	McDonald Hopkins	LLC			
	A State And Annual Control of the Co	Firm/Company	editecture of the control of the con		
	200 S. Biscayne Blv	d., Suite 3130			
		Address			
	Miami, FL 33131				
	**************************************	City/State and Zip Code	And the course of the second s		
	mromero@mcdonald	•	(20	
	E-mail address: (to be used for future annual report notific	ation)	=	-
For further information c	oncerning this matter, please co	all:	१८५ क्या आहे १९६ १९६४ क्या	2014 OCT 30	THE STREET
Marsha Romero		305 704-3990		30	
	f Person	······································	Felephone Number F S TA S	44 :0: HA	
Enclosed is a check for th	-		1	-	
■ \$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

Tongue & Cheek, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	Makada an ang padi manganang akita aky
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000153718</u> .	were filed on December 7, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the al	obreviation,"L.L.C."
Enter new principal offices address, if applicable:	431 Washington Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	OCT 30
	D . A star and model of the manufacture of the star of	<u>\%</u>
Enter new mailing address, if applicable:	431 Washington Avenue	A A
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	
A	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	гір Соле
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agre	ee to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGR	Social Dining Concepts, LL	3301 NE 1st Avenue, #2204	O Add
		Miami, FL 33137	■ Remove
MGR	Jamie DeRosa	431 Washington Avenue	■ Add
		Miami Beach, FL 33139	□ Remove
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Filing Fee: \$25.00

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