L12000154698

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Registration Section

TO:

Divis	sion of Cor	porations					
	CRAZY EDDIES DELI AND GRILL LLC						
SUBJECT: _	Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
		ondence concerning this matter	-				
rease recurre	an correspo	indence concerning that matter	to the tonowing.				
		EDUARD DARONA					
			Name of Person				
			Firm/Company				
		610 ALTON ROAD					
			Address	- 130			
		WINTER SPRINGS FL 33	2708				
		EDARONA I I@HOTMA II	City/State and Zip Code L.COM				
		E-mail address: (to be used for future annual report n	otification)			
For further inf	ormation c	oncerning this matter, please c	all:				
EDUARD DA	ARONA		407 830-9370 at ()				
	Name o	f Person	Area Code Days	time Telephone Number			
Enclosed is a c	check for th	ne following amount:					
\$25,00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:					
Registration Section Division of Corporations			-	Registration Section Division of Corporations			
P.O. Box 6327			The Centre of	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CRAZY EDDIES DELI AND GRILL LLC

2020 MAY 19 PM 4: 12

(Name of the Limited Liability Company as it now appears on our records FRE IARY III 51.

(A Florida Limited Liability Company)

FAELAHASSEE FLORIDA TALLAHASSEE, PLON The Articles of Organization for this Limited Liability Company were filed on 12/11/2012 and assigned Florida document number L12000154698 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NANCY DARONA Name of New Registered Agent: 610 ALTON ROAD New Registered Office Address: Enter Florida street address __. Florida 32708
Zip Code WINTER SPRINGS City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	NAZMIE KACI	610 ALTON ROAD	□Add
		WINTER SPRINGS FL 32708	= Remove
			□Change
MGRM	NANCY DARONA	610 ALTON ROAD	= Add
		WINTER SPRINGS, FL 32708	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
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Effective date, if other th		t 1	(optional)	
Note: If the date inserted in	n this block does not meet the n the Department of State's	e applicable statutory filing	ore than 90 days after filing.) Pursuan g requirements, this date will not	be listed as the
e record specifies a delayed rd is filed.	effective date, but not an effe	ective time, at 12:01 a.m. o	on the earlier of: (b) The 90th da	ay after the
Dated MAY11	2020)		
, /	7	· · ·		
· Color	1	or authorized representative		

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Typed or printed name of signee