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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone

: (813)932-5244

Fax Number

: (813)932-3782

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OUTDOOR KITCHEN AND GRILLS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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## CÓVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTDOOR KITCHEN AND GRILLS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA BROWNING
Name of Person
CONTRACTORS REPORTING SERVICE INC
Firm/Company
13795 N NEBRASKA AVE
Address
TAMPA, FL 33613
City/State and Zip Code
1.5. O. Wash or Barrier as in
Info@activatemylicense.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA BROWNING

at ( 813

932-5244

Name of Person

Area Code

Daytime Telephone 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 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

(Name of the Limited Liability (A Florida Li	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on <u>2/27/2013</u>	and assigned
Florida document number <u>L13000030623</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d llability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201 55 TAL
(Principal office address MUST BE A STREET ADDRES	SS)	
		SSF -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
PARTIE REPORT FACE SERVICE SER		* <b>50</b>
B. If amending the registered agent and/or registered agent and/or the new registered office address		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	·	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>kgent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com		

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Fax: +1 (850) 617-6383

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

To:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR_	BRETT BAINES	6913 SHELDON RD STE 102 TAMPA, FL 33615	■ Add
			□ Add □ Remove
<del></del>		· · · · · · · · · · · · · · · · · · ·	2015 Add AY - 1 AT
		· · · · · · · · · · · · · · · · · · ·	Remove

	g Fax: +1	(B13) 932-5244 °	104	To:	Fax; +1 (850) 617-63		Page 5 of 1			
D. If amen	ding any	other inform	nation, er	nter change(s) here:	(Attach additional	( ( (H15 l sheets,	500010 if necessa	7362 ry.)	3))	)
									•	
(The effect	live date mu	other than th at be specific, ca	nnot be pric	or to date of receipt or file	ed date and cannot be m	ore than 9	(optional days after	)		
the date t	this documen	nt is filed by the	Florida Dej	partment of State)			•			
Dated N	/IAT I			<u>2015</u>	<b></b> •					
		_								
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		<u> </u>	Signatur	re of a member or author	ized representative of a	member	<u> </u>			
		ICA BROW	Signatur	re of a member or author	·	member				
		<u> </u>	Signatur		·	member				
		<u> </u>	Signatur		·	member				
		<u> </u>	Signatur		·	member				
		<u> </u>	Signatur		·	member				
		<u> </u>	Signatur		·	member		r	Sep	2015
		<u> </u>	Signatur		·	member		r	-ECRE	2015 HA
		<u> </u>	Signatur	Typed or printed	name of signee	member		רבאחא	ECRETA	2015 MAY -
		<u> </u>	Signatur		name of signee	member		בראחאטטנ	ECRETARY	HAY - I
		<u> </u>	Signatur	Typed or printed	name of signee	member		LLAMAJOEE: FL	ECRETAR	MAY

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