

LL7000040287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

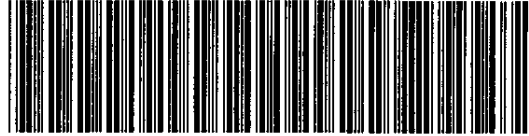
(Business Entity Name)

(Document Number)

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2016 OCT -5 PM 1:37
CLERK OF COURT
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M. MILLIGAN

OCT 07 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Murphy Group 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:

Louis Kalonaros

Name of Person

The Murphy Group LLC

Firm/Company

1670 Swallowtail Ln

Address

Sanford, FL 32771

City/State and Zip Code

LOUIE@OLEAGRILL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis Kalonaros

Name of Person

at (716)

Area Code

998-9701

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

The Murphy Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2013 OCT -5 PM 1:27
ST. JOHNS COUNTY CLERK
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/15/2013 and assigned
Florida document number 413000040287.

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 "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1670 Swallowtail Ln
Sanford, FL 32771

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:

Name of New Registered Agent: (same) (same: Louis Kalonaros)

New Registered Office Address: (new) 1670 Swallowtail Ln

Enter Florida street address

Sanford

City

Florida

32771

Zip Code

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

(same registered agent,
but new registered
office address)

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Greek Concept Investors LLC	109 E. Church St Suite 425 Orlando, FL 32801	<input checked="" type="checkbox"/> Add (New member) <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Ryan Hayden	3990 Ockler Rd Hamburg, NY 14075	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change (New address)
MGRM	Louis Kalonaros	1670 Swallowtail Ln Sanford, FL 32771	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change (New address)
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 3rd, 2016

Signature of a member or authorized representative of a member

Louis Kalonaros

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2016 OCT -5 PM 1:57