L13000061580

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(Document Number)		
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Hobe Sound Wendy 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:

Laura Ellingsworth

Name of Person

Hobe Sound Wendy's LLC

Firm/Company

777 Arthur Godfrey Road Suite 400

Address

Miami Beach, Florida 33140

City/State and Zip Code

lellingsworth@thebaloghcompany.com

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

For further information concerning this matter, please call:

Laura Ellingsworth

<u>305</u>532-4355 # 106

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

FILED

13 MAY 24 PH 1: 25

Hobe Sound Wendy LLC		SECRETARY OF STATE
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabi Florida document number L13000061580	ility Company were filed on April 26, 2013	and assigned
This amendment is submitted to amend the following	ing;	
A. If amending name, enter the new name of th	e limited liability company here:	
Hobe Sound Wendy's LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)X)	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	/	orida
	City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	Robert Balogh	777 Arthur Godfrey Road	Add Add
		Suite 400	Remove
		Miami Beach, Fl 33140	
MGMR	Cara Balogh	777 Arthur Godfrey Road	Add Add
		Suite 400	_ Remove
		Miami Beach, Fl 33140	
MGMR	Mark Rubin	777 Arthur Godfrey Road	Add Add
		Suite 400	Remove
		Miami Beach, Fl 33140	_
MGR	Robert Balogh	777 Arthur Godfrey Road	Add
		Suite 400	Remove
		Miami Beach, Fl 33140	_
MGR	Mark Rubin	777 Arthur Godfrey Road	Add
		Suite 400	Remove
		Miami Beach, FI 33140	_
			Add
			Remove

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	May 21 , 2013.
	Signature of a member or authorized representative of a member
	Orli Teitelbaum
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00