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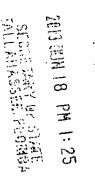
(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co			a ·	
SURJECT: B	ANTAM ROOSTS	LAS RESTAURANT LL red Liability Company	L	
	Name of Limi	ed Liability Company	_	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SACK	LIONEL TODD, TA		
	LEG HORI	Firm/Company		
	901 F 1	AUSLITONE DRIVE	<u> </u>	
	_	Address		
	RALEIGH	Address Address AC 27615 City/State and Zip Code		
		City/State and Zip Code		4.4.
	E-mail address: (t	by connew Tons NEL (o be used for future annual report notification)	- Contra	ou
For further information	concerning this matter, please c	all:		
1 looks	772 d A	914 891 7977	\$ *	•
Name	of Person	at (914) 894 - 7972 Area Code & Daytime Telephone Nu	anber	٠ ا
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ifficate of Status & iffied Copy litional copy is enclosed)	263 (MH 18 PM 1: 26
	LING ADDRESS:	STREET/COURIER ADDRES	s:	7.30
Divis	stration Section ion of Corporations	Registration Section Division of Corporations		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BANTAM	LOOSTELS	RESTAULAN	L 8"	LLC	
	(Name of the L	(A Florida Limited)	ny as it now appears	оп оиг г	ecords.)	
The Articles	s of Organization for this Lim	ited Liability Company 20081764	were filed on6	-6-	13	_ and assigned
This amend	ment is submitted to amend th	ne following:				
A. If amen	ding name, <u>enter the new na</u>	ame of the limited liab	oility company here:			
The new nan	ne must be distinguishable and o	end with the words "Lim	ited Liability Company	y," the de	signation "LL	C" or the abbreviation
Enter new	principal offices address, if	applicable:				
(Principal o	office address MUST BE A S	TREET ADDRESS)				
	mailing address, if applicab idress MAY BE A POST OF					
	nding the registered agent agent and/or the new registe			r recor	ds, <u>enter the</u>	name of the new
<u>N</u> i	une of New Registered Agent	;:				
New Registered Office Address:		; <u> </u>	Ente	r Florida	a street addre	ss
				. 1	Florida	
			City			Zip Code
New Registe	ered Agent's Signature, if char	nging Registered Agent	<u>i</u>			
the provision accept the being filed	cept the appointment as reg ons of all statutes relative to obligations of my position a to merely reflect a change i as been notified in writing o	o the proper and comp is registered agent as in the registered office	olete performance of provided for in Cha	f my dut ipter 608	ties, and I and 8, F.S. Or, if	familiar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	Address	Type of Action
10 em	CLIANWARA FOOD	1s ccc	Add
•		7623 BROOK FOREST WA	Remove
		PENSACOLA CC 325	14
ORM	BLUEWATER FOOD	suc	Add
6	# L010000 14207)	2640 CMIGHTON RD	Remove
		PENSACOLA CC 325 LUC 2640 CALIBHTON RN PENSACOLA, FL 3250	4
			Add
			Remove
			_
			Add
		:	Remove
			Add
			Remove The
			٠
			Add '
			Remove

,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
_	
	6-14 2013.
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Typed or printed name of signee
	Britain COOSTES RESTANDEN UL By D. Q. COPPE

Page 3 of 3

Filing Fee: \$25.00

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