# L170000 86744

| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Bu                     | siness Entity Nar  | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    | ····      |
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| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer     |           |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 19 2016 S. YOUNG

### **COVER LETTER**

| 10: Registration Se<br>Division of Cor |  |   |   |                          |
|--|--|---|---|--------------------------|
| SUBJECT:                               | Double De<br>Name of Lim                     | oun Eats (  | Lic   |                          |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |                          |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |                          |
|  | Richaux                                      | Higgins<br>Name of Person   | <u> </u>  |                          |
|  | Double D                                     | Jown Eats 1   |   | TAS:                     |
|  | 3135 Sh                                      | ody Dell Can  | e #118  | SECRETARY<br>ALLAHASSE   |
|  | Melbour<br>RKHigg<br>E-mail address: H       | City/State and Zip Code  City/State and Zip Code  Obe used for future annual report notific | 135T<br>outhinet  | Y OF STATE ASEE, FLORIDA |
| For further information c              | oncerning this matter, please ca             | all:  |   |                          |
| Richard<br>Name o                      | Higgins<br>FPerson                           | at ( <u>561</u> ) <u>324</u> -  | -8404<br>Telephone Number   |                          |
| Enclosed is a check for the            | ne 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,<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclo |                          |
|  |  |   |   |                          |

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

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L130000 86 Florida document number 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) 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: New Registered Office Address:

#### 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, enter the title, name, and address of each person\_being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00