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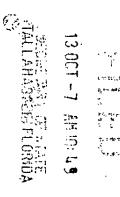
(Req	uestor's Name)	
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(City,	/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Section
Division of Corporations

PORK TAVERN, 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:

## VINCENT FLOR, ESQ

Name of Person

Firm/Company

8105 NW 155TH ST

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

VFLOR@FLORLAW.COM

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

For further information concerning this matter, please call:

VINCENT FLOR

<sub>.,,</sub>305、606-4106

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

### PORK TAVERN, LLC

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

The Articles of Organization for this Limited Liability Company Florida document number <u>L13000132604</u>	y were filed on 9/19/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the desig	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<b>€</b>	
(Principal office address MUST BE A STREET ADDRESS)		हेंश द	
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		25 25 15 15 15 15 15 15 15 15 15 15 15 15 15	
Fatan and mailing address (6 and limber)			
Enter new mailing address, if applicable:		The state of the s	
(Mailing address MAY BE A POST OFFICE BOX)		<del>- 50 5 127</del>	
		≯ —	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	DEL VECCHIO, PATRICK	11521 SW 98TH CT	Add
		MIAMI, FL 33186	Remove
			Add
			Add
		ALLAFASSA	Remove  Add  Remove
			Add
			Add Remove

D. If amending any	other information,	, enter change(s) here	e: (Attach additiond	ıl sheets, if necessary.)
-;				
<del></del>	,			
		<del></del>	<u> </u>	
OCTOB	ER 2ND	2013		
Dated OCTOB		-,		
KIRK	Signatur C JONES	re of a member or and ho	rized representative of	f a member
			d name of signee	
		J	ee: \$25.00	

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