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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

LARRY DAN & CHRIS 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:

EDMUND HOELZER, IV

Name of Person

THE SAINT YANKEE RESTAURANT GROUP LLC

Firm/Company

691 HICKORY RD

Address

NAPLES, FL 34108

City/State and Zip Code

HOELZ8@HOTMAIL.COM

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

For further information concerning this matter, please call:

EDMUND HOELZER, IV

241-5291

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ S25.00 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 TOARTICLES OF ORGANIZATION **OF**

LARRY DAN & CHRIS 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 were filed on $\frac{10}{24/13}$ and assigned Florida document number <u>L130</u>00150114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE SAINT YANKEE RESTAURANT GROUP LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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:	Q	P.S.	
	Enter Florida street address	F. 5	
	, Florida		•
	City	7 Zin Co de	

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DANIEL R BUBOLTZ	290 FAIRWAY CIR	
		NAPLES, FL 34110	■ Remove
			□ Add
			□ Remove
			Remove
			☐ Remove
			□ Aila
·····			□ Add
			Remove

e of filing:	(optional)
prior to date of receipt or filed date and cannot Department of State)	t be more than 90 days after
	t be more than 90 days after
Department of State)	t be more than 90 days after
	e of filing:

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEL FLORIDA