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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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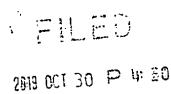
T. LEKIEUX

OCT 3 1 2018

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Del Frisco's of Florida, LLC		Line Tell P. Florich
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our rec Liability Company)	ords,)
The Articles of Organization for this Limited Liability Company	were filed on October 31, 20	and assigned
Florida document number L13000153736		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "l	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 o registered agent and/or the new registered office address her		ords, enter the name of the new
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Norman J. Abdallah	9150 International Drive	
		Orlando, FL 32819	■ Remove
MGR Steven L. Scheinthal	1510 West Loop South	≅ Add	
	Houston, Texas 77027	🖸 Кеточе	
			☐ Change
		П Remove	
		Change	
		Remove	
		Change	
		Remove	
		Change	
			DAdd
			□ Remove
			Change

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Note: if	the date, if other than the date of filing:
fithe reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
-,	
Dated _	October 30 , 2019 .
	- Hotel
	October 30 , 2019 . Signature of a member or authorized representative of a member

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Filing Fee: \$25.00