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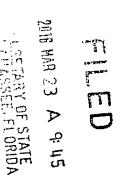
(Requestor's Name)	<u> </u>
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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S MASON

COVER LETTER

TO: Registration Secti Division of Corpo		•	
SUBJECT: 441	DI NER LLC	red Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	NAP	Name of Person	\
	L	141 DENER	
		Firm/Company	
	3815	= Burleigh BLU	2
		Address	
	Tou	City/State and Zip Code	-
	Ronofor E-mail address: (to	Cool D Taho. C be used for future annual report notificati	ion)
For further information cond	cerning this matter, please cal		
Name of Pe	es RANA erson	at (336) 831 73 Area Code Daytime Tel	57 Jephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

441 DIN				
(Name of the Limite	d Liability Compan A Florida Limited Li	y a s it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Lia		were filed on _\	105/2013 and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applica	ble:		W	-
(Principal office address MUST BE A STREET	(ADDRESS)			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>			- -
B. If amending the registered agent and/o registered agent and/or the new registered off			or records, 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:

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	A	Address		1	ype of Ac	:tion
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Filing Fee: \$25.00