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> K.SALY EXAMINER AUG 2 6 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Schofield Restaurant Group UC 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:
Jason Colt Schoffeld Name of Person
· · · · · · · · · · · · · · · · · · ·
Schofield Restaurant Group UC Firm/Company
1811 N. Orange Ave
Address
City/State and Zip Code Chefischofield @ smail.com E-mail address: (to be used for future annual report notification)
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuson C Schofield at (813) 300 1550 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

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0	RGANIZATION F 2015 AUG 24 PM 1:59 THE STORY OF THE ST
	AU6 24 24 24
Schotield Kestaurant	- Group LLC MECRETAR PM 1:50
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)
(A Piorida Limiteo E	TOUT LC SECRETARY OF 1:59 TY AS IT NOW APPEARS ON OUR records.) LAHASSEE, FLORIDA THE SECRETARY OF STATE FOR INC. THE SECRETARY OF STATE AND ASSIGNED THE SECRETARY OF STATE AND ASSIGNED THE SECRETARY OF STATE AND ASSIGNED THE SECRETARY OF STATE THE SECRETARY OF STATE AND ASSIGNED THE SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on \\\\25\\3 and assigned
lorida document number <u>L13000165371</u> .	
iorida document manocr 2/300/1933	
his amendment is submitted to amend the following:	
TP	P4
A. If amending name, enter the new name of the limited liabi	lity company nere:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1811 N. Ocanco Aug
• • •	1811 N. Orange Ave Orlando Fl 32804
Principal office address MUST BE A STREET ADDRESS)	UT 14190 FC 32509
	•
Enter new mailing address, if applicable:	1811 N. Orange Ave
Mailing address MAY BE A POST OFFICE BOX)	Delando Fl 32804
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N. T	Maria de la companya
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· ————————————————————————————————————
version and an analysis the new registered office address nerv	•
Name of New Registered Agent:	
New Registered Office Address:	
TIVIT ALOGIDICIO CIATO PIAGEOS.	Enter Florida street 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.

City

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>or remo</u>			
MGR =	Manager		
AMRR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGC	Buren Schofield	26-S. Clinton St Poughkeepsie N.Y. Wool	Add
		Poughkerpsie N.Y. 12401	Remove
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Filing Fee: \$25.00