13000171436

(Re	equestor's Name)	·
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500263697805

AVISION OF COLUMNITION

14 OCT -2 AM 8: 29

OCT = 3 2014 T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/2/14

NAME: JWP RESTAURANT LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAU/HODG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWP RESTAURANT 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 L.	iability Company were filed on	December 11, 2013 and assigned
Florida document number L13000171436	<u></u> .	TAI 14
This amendment is submitted to amend the following	owing:	FOR ST.
A. If amending name, enter the new name o	f the limited liability compan	y here:
The new name must be distinguishable and end with the	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applic	able:	TATE ORNE
(Principal office address MUST BE A STREE	T ADDRESS)	>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address fice address here:	on our records, enter the name of the new
Name of New Registered Agent:	Noel Posternak	
New Registered Office Address:	151 No. Federal High	-
		Florida street address
	Boca Raton	, Florida 33431
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> Name **Address** 151 No. Federal Highway Noel Posternak **AMBR** Boca Raton, FL 33431 ☐ Remove _ 🗆 Add ☐ Remove □ Add _□ Remove _□ Remove □ Add ☐ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mothed the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be most the date this document is filed by the Florida Department of State) Dated September Signature of a member or authorized representative of a Noel Posternak	

Page 3 of 3

Filing Fee: \$25.00

14 OCT -2 AM 8: 29
SECRETARY OF STATE
ALPRASSEE, FLORIDA