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(Reque	stor's Name)
(Addres	ss)
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(City/Si	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docun	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filir	ng Officer:





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COVER LETTER

TO: Registration Se Division of Cor			
	STAURANT PARTNERS	S, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	MICHAEL I BERNST	EIN	
		Name of Person	
	THE BERNSTEIN LA	W FIRM	
		Firm/Company	······
	1688 MERIDIAN AVE	ENUE, SUITE 418	
		Address	
	MIAMI BEACH, FL 33	3139	
		City/State and Zip Code	
	MICHAEL@BERNSTI	EIN-LAWFIRM.COM be used for future annual report notific	eation)
For further information co	oncerning this matter, please cal	•	auton)
MICHAEL I. BERN	STEIN	305 672-9544	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 TO ARTICLES OF ORGANIZATION OF

9460 RESTAURANT PARTNERS, 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 w	ere filed on JANUARY 9, 2014	and assi	gned
Florida document number L14000004846			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited Liabili	ty 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 offi registered agent and/or the new registered office address here:	ce address on our records, enter	r the name	of the new
Name of New Registered Agent:		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
New Registered Office Address:		AHA AHA	
	Enter Florida street address	31 ARY SSE	T THE WAY
	, Florida		E TEARLAND
	City	Zip Code	S. A. R.
New Registered Agent's Signature, if changing Registered Agent:			Same
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or	r familiar witi r, if this docu	h and ment is

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	NOMOFOMO, LLC	4430 NAUTILUS DRIVE	
		MIAMI BEACH, FL 33140	Remove
<u> </u>			□ Add
			□ Remove
			□ Remove
			Add LLC C
			SECRETARY
			Add Add
			□ Add
			☐ Remove

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ffeetive date if other than the date	.feli	(antional)
e effective date must be specific, cannot be p	prior to date of receipt or filed date and can	(optional) not be more than 90 days after
he effective date must be specific, cannot be p he date this document is filed by the Florida I	prior to date of receipt or filed date and can	not be more than 90 days after
he effective date must be specific, cannot be p he date this document is filed by the Florida I	prior to date of receipt or filed date and cam Department of State)	ot be more than 90 days after
The effective date must be specific, cannot be put the date this document is filed by the Florida Expanded DECEMBER 29	prior to date of receipt or filed date and cam Department of State)	not be more than 90 days after
- Cott	prior to date of receipt or filed date and came Department of State) 2014	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE