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Special Instructions to Fil	ing Officer:	
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Division of C			٠
	de Restaurant Group LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Ryan Lincoln		
		Name of Person	
	Oceanside Restaurant (	Group LLC	
		Firm/Company	<del></del>
	8348 Little Road Suite 5	513	
		Address	
	New Port Richey, Florid	a 34654	
•		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	lincolnn@live.com	to be used for future annual report notifi	
For Condition in Constitution		•	cauon)
	concerning this matter, please of		
Ryan Lincoln	197001-0-0-1-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1	813 629-3673 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 enclose

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

Oceanside Restaurant Group LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000014163	were filed on 01/27/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	8348 Little Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 513	
	New Port Richey, FL. 34654	
Enter new mailing address, if applicable:	8348 Little Road	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 513	
	New Port Richey, FL. 34654	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	e:  Enter Florida street address	the name of the new 2018 MAR IL PH I:
<del></del>	, Florida	7 m (finds

## 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>	<u>Name</u>	Address	Type of Action
AMBR	Rodney Lincoln	8348 Little Road	
		Suite 513	■ Remove
		New Port Richey, FL. 34654	☐ Change
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Filing Fee: \$25.00