# L14000021717

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### **COVER LETTER**

TO: Registration Of Division Of	on Section f Corporations
	S NEW ENGLAND SEAFOOD & SUBS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	ELAINE BATES
	Name of Person
	BATES NEW ENGLAND SEAFOOD & SUBS, LLC
	Firm/Company
	3631 LATE MORNING CIRCLE
	Address
	KISSIMMEE, FL 34744
	City/State and Zip Code
	BATESNESS@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
MENDY GRINER	352 874-2228 at ( )
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fo	Certificate of Status  Certificate of Status  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

## BATES NEW ENGLAND SEAFOOD & SUBS 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 were filed on $\frac{02/07/2014}{1}$ and assigned Florida document number L14000021717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BATES NEW ENGLAND SEAFOOD & STEAKHOUSE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9467 W COLONIAL DRIVE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) OCOEE, FL 34761 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

, Florida

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 **Type of Action Title** Name <u>Address</u> □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add 3 □ Remove ☐ Change □ Remove

☐ Change

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