L140000 3677L

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OR) Gratos Ziph Hono ")
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000262950970

08/07/14--01014--013 **25.08



TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Rich of Maragement Group LLC SAFULE PINE Valrico FI 33596 eity/State and Zip Code be used for luture annual report notification) For further information concerning this matter, please call:

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 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

Bishop Manage Ment Grosp L Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	LC
The Articles of Organization for this Limited Liability Company were filed on <u>3 - リーコの</u> Florida document number <u> </u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: EXCELLENCE IN RESTAUTANTS LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	ne 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 office address on our records, enterestered agent and/or the new registered office address here:	er the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	5 5
Enter Florida street address . Florida	S. 7
City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	조达 9

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AND			
			□ Remove
			-
 			Add
			☐ Remove
			· · · · · · · · · · · · · · · · · · ·
			□ ∧dd
			Remove
			Add
			□ Remove
			□ Add
			□ Remove
			Add
			□ Remove

ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date ne date this document is filed by the Florida Department of State) ated August 2054	
ne effective date must be specific, cannot be prior to date of receipt or filed date ne date this document is filed by the Florida Department of State)	
ne effective date must be specific, cannot be prior to date of receipt or filed date ne date this document is filed by the Florida Department of State)	
ne effective date must be specific, cannot be prior to date of receipt or filed date ne date this document is filed by the Florida Department of State)	
ne effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	
the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	
the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	
the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional)
tat tat	and cannot be more than 90 days after
ated August 4th 2014.	
Signature of a member or authorized re	

Page 3 of 3

Filing Fee: \$25.00

14 AUS -7 PH 1: 00