## L140000 37024

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SECHETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE
JIVISION OF CORPORATION

JUN 0 1 2015

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## COVER LETTER

Division of Cor						
SAND LA SUBJECT:	KE DINING PARTNERS, LL	C				
Sobsect.	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	AMY BARNARD					
Name of Person						
UNICORP NATIONAL DEVELOPMENTS, INC.						
Firm/Company						
7940 VIA DELLAGIO WAY, SUITE 200						SIVIE
Address				ZEC SEC	5 <u>*</u>	SICK
	ORLANDO, FL 32819			AHAS.	MAY 29	ETAR
City/State and Zip Code AMYB@UNICORPUSA.COM						CORP
	E-mail address: (	to be used for future annual report notific	cation)	FLOA!	PH 12: 31	STAT
For further information of	oncerning this matter, please c	all:		\$m	3	NO.
AMY BARNARD		407 999-9985				44.5
Name o	f Person	at () Area Code Daytime	Telephone Number	<del> </del>		
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)	Certified	te of Statu		

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

SAND LAKE DINING PARTNERS, LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L14000037024	mpany were filed on MARCH 5, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		San A
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register	· · · · · · · · · · · · · · · · · · ·	HAY 29 PM 12: 34 ECRETARY OF STATE LLAHASSEE FLORIDA  The name of the new
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: C. J.
	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 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
MGR	SLATE ORLANDO, LLC	7940 VIA DELLAGIO WAY	□ Add
		SUITE 200	■ Remove
		ORLANDO, FL 32819	□ Change
			Add
			Remove
			Change
		·	Add
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ctive date, if other than the effective date is listed, the date	must be specific	and cannot be p	prior to date of fil	ing or more than	90 days after filir	g.) Pursuan	nt to 605.0
If the date inserted in this iment's effective date on the				ry filing requir	ements, this da	e will not	be listed
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Filing Fee: \$25.00