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N. Guilligan AUG 1 4 2014

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Cheers Mo Name of Limit	te bis Walk I ed Liability Company	LC
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	V	ik Patel	
		Name of Person	
		Firm/Company	
	1822 N. I	Belcher Road #1	100
	Clearwat	City/State and Zip Code	-
	E-mail address: (t	o be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	ill:	
Snem_ Name of	Person	at (<u>727</u>) <u>474 37</u> Area Code Daytime	720 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee		□ \$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

FILED 2814 AUG 14 PM 3: 08

SECHETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on April 18th 2014 and assigned Florida document number __L14000663672_.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cheers Mate Coonat Point LC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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, enter the name of the new

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

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>	Address	Type of Action
			Add
			Remove
			# 1 · · · · · · · · · · · · · · · · · ·
			Add
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The	ctive date, if other than the date of filing: 8/2014 (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	ed August 10t , 2014 .
	Signature of a member or authorized representative of a member
	VIV DATE
	VIL PATIEU

Page 3 of 3

Filing Fee: \$25.00

