L140000 71484

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SECRETARY OF SIAIE
TALLAHASSEE, FLORING

COVER LETTER

TO: Registration Section Division of Corporation			
GREAT EA	ATS, LLC	·	• .
SUBJECT:	Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	ROBERT T. BABION	IE	
	der	Name of Person	
	GREAT EATS, LLC		
		Firm/Company	
	8707 WHITE EGRET	Γ WAY	
		Address	
	LAKE WORTH, FL 3	3467	
		City/State and Zip Code	
-	ROB@GREATEATSO		
		be used for future annual report notificat	ion)
For further information conc	erning this matter, please cal	U:	
ROBERT T. BABION	E	561 628-4125	
Name of Pe	erson	Area Code Daytime Te	ephone Number
Enclosed is a check for the f	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

GREAT EATS, LLC		<u></u>
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000071484</u> .	ny were filed on MAY 2, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I	iability Company," the designation "LLC" or the a	bbreviation "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 registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:	•	DEC.
New Registered Office Address:		8 P 8 S 8 S 8 S 8 S 8 S 8 S 8 S 8 S 8 S
	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

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:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STEPHANIE L. BABIONE	8707 WHITE EGRET WY, LW FL 3346	7 □ Add
			■ Remove
			_
			□ Add
			□ Remove
			□ Remove
			Add
		A	Remove CRET
		S:	
		E COR	Remove
			□ Add
			_□ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date a	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date a the date this document is filed by the Florida Department of State)	and cannot be more than 90 days after
the date this document is med by the riorida Department of State)	
·	
NO\/EMRER 25 2014	
NOVEMBER 25 2014	
NO\/EMBER 25 2014	
NOVEMBER 25 2014	presentative of a member
Dated NOVEMBER 25 2014	presentative of a member

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Filing Fee: \$25.00

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SECREJARY OF STATE