

L14000102333

Florida Department of State
Division of Corporations
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(((H14000199841 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kdoll@haileshaw.com

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14 AUG 25 AM 9:40

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SATELLITE BEACH STEAKHOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2014 AUG 25 A 10:30

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SATELLITE BEACH STEAKHOUSE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip M. DiComo, Esq.

Name of Person

Haile Shaw & Pfaffenberger, P.A.

Firm/Company

660 US Highway One - Third Floor

Address

North Palm Beach, FL 33408

City/State and Zip Code

kdoll@haileshaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip DiComo

Name of Person

at 561 627-8100

Area Code

Daytime Telephone Number

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2014 AUG 25 A 10:30

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SATELLITE BEACH STEAKHOUSE, 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 June 25, 2014 and assigned
Florida document number L14000102333.

This amendment is submitted to amend the following:

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

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Aug. 25. 2014 12:58PM

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Scott Lizza	1000 North Congress Avenue	<input checked="" type="checkbox"/> Add
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		West Palm Beach, FL 33409	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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2014 AUG 25 10:10
CLERK OF DISTRICT COURT
STATE OF FLORIDA

Aug. 25. 2014 12:58PM

No. 2627 P. 4

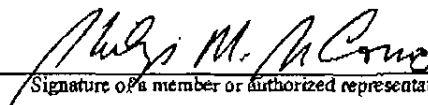
FAN: H14000199841 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 25, 2014



Signature of a member or authorized representative of a member

Philip M. DiComo, Haile Shaw & Pfaffenberger, P.A., authorized representative

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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