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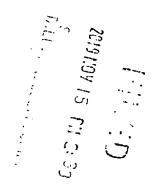
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT:	Kee Grill Re	Staurant LLC, ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Phi lippe Roup	
		Kee Si. 11	
	381	60 Queens Way	
	Boca	Raton 71 334	134
	E-mail address	City/State and Zip Code Or 11 COVIA Q GN to be used for future annual report hotil	nail. Corl
For further information con USA Name of F	ncerning this matter, please co	all: at (<i>5</i> 41) 543-4	Cle (a) Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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)
MAILIN	G ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEE GRILL B	ESTAURANTI LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company
(A Fronta Emilieu	
The Articles of Organization for this Limited Liability Company	were filed on 7/22/2014 and assigned
Florida document number <u>L /4006 // 5304</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	119
ı	19 110 V
	: 75
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	C O
	- W
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
	_
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
1	Florida 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Alain Tallard	Boca Raton 71 33494	Add
		Boca Raton 71 33494	☐ Remove
			Change
			□ Add
1			□ Remove
		□ Change	
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
,			Remove
1			Change
			D Add
			□ Remove

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	<u> </u>
	· ·
<u>Note</u>	flective date, if other than the date of filing:
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	November 12 2019
	A contract to the contract to
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00