

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOARDWALK BROTHERS RESTAURANT LLC

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Corporate Filing Menu

Help

Monday, July 28, 2014 08/02/5032 03:34 EVX 8133338328

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOARDWALK BROTHERS RESTURANT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(~1	rortua Elimited Blazinty Company,	
The Articles of Organization for this Limited Liabil	lity Company were filed on 07/24/	14 and assigned
Florida document number L14000116652	 •	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
BOARDWALK BROTHERS RESTURAN	ITS LLC	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
	-	
		20- 200 Care
Enter new mailing address, if applicable:		
		St 10 /m
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
		14 2 44 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
TE ISTETED AGENT AND OF THE NEW TOGSTETED STILLE	address here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	pet address
	2,00,7,00,000	
-	City	, Florida Zio Code
New Registered Agent's Signature, if changing Regis	,	Zip Coae
		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the registery company has been notified in writing of this change.	ind complete performance of my di ed agent as provided for in Chapte stered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent. Si	gnature of New Registered Agent

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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 **Type of Action** <u>Title</u> Name <u>Address</u> □ Add _□ Remave □ Add □ Remove ____ ☐ Add □ Remove Remove □ Add □ Remove __ 🗆 Add _____ Remove

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ctive date, if other than th	e date of filing:	(optional)
effective date must be specific, car date this document is filed by the I	not be prior to date of receipt or filed date and lorida Department of State)	cannot be more than 90 days after
ed 07/27/	2014	
1-	1	
	Signature of a member or authorized represe	entative of a member
NICKOLAS		ZED REPRESENTATIVE
	Typed or printed name of si	gnee
		•

Filing Fee: \$25.00

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