## L14000 135709

(Reques	stor's Name)			
(Addres	s)			
(Address)				
(City/Sta	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				





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## A LIMITED LIABILITY SERVICE CORPORATION

Alexandra Wells

Direct Telephone: 414-727-6274 E-mail: awells@mallerysc.com

۲.,

April 30, 2024

State of Florida Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Ladies and Gentlemen:

Re: CALLM Restaurant LLC

I enclose for filing an original Articles of Amendment to Articles of Organization in connection with the company referenced above. I also enclose a check in the amount of \$25.00 to cover the filing fee.

Please contact me if you have any questions.

Sincerely.

Alexandra Wells

Legal Assistant

Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CWC RESTAURANT HOLDINGS, 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 August 28, 2014 \_\_\_\_ and assigned Florida document number 47-2974473 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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 \_, Florida

## 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ann Roeske	2303 Sun Vista Drive	<b>≣</b> ∧dd
		Lutz, Florida 33559	□Remove
			□Change
AMBR	Jacob Berra	29947 Morningmist Drive	<b>=</b> Add
		Wesley Chapel, Florida 33543	□Remove
			□Change
AMBR	Martin Roeske	2303 Sun Vista Drive	■Add
		Lutz, Florida 33559	□Remove
			: 
			□Remove
			□ Change
			Remove
			□Change
			□Add
			Remove
			Change

Page 2 of 3

). If amending any other info	rmation, enter change(s) here: (Atto	ach additional sheets, if necessary.)
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Note: If the date inserted in thi	must be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as
the record specifies a dela ) The 90th day after the i	yed effective date, but not an ef record is filed.	fective time, at 12:01 a.m. on the earlier of
Dated 03/01	2024	
//	Natz Rock	
<del></del>	Signature of a member or authorized rep	resentative of a member
Martin Roeske, Man	Typed or printed name o	

Page 3 of 3

Filing Fee: \$25.00