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(Re	equestor's Name)	
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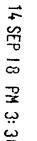
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SECRETARY OF SIMIL



## **COVER LETTER**

TO: Registration Secti Division of Corpo	on rations		
SUBJECT:G	igi's Cantir	na LLC	
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Darry	Name of Person  S Canting  Firm/Company	
		Name of Person	
	Gigi'	s Canting	
		Firm/Company	
		State Road 7	·
			<del></del>
	Fort Lauderd	City/State and Zip Code	7
	<b>~</b>	City/State and Zip Code	( 0,00
	E-mail address: (t	Stetler @ Yahoo.	ation)
For further information cond	cerning this matter, please ca		
Jarryd S Name of Pe	tetler	at (786) 473 - Area Code Daytime T	7464
Name of Fe		Aica Code Dayillie I	crophotic (4dition)
Enclosed is a check for the f	ollowing 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

Gigi's Cantina 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 09/16/2014 and assigned Florida document number 14000144818
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 "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:
Non-contain Paris and A and a second
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address
Emer Florida street dataress  , Florida  City  Tily Code  Language  Language  City
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 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 **Title** Name <u>Address</u> Type of Action Jarryd Stetler 1955 S state Road 7 Fort Lauder date, FL 33317 □ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove □ Remove

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Filing Fee: \$25.00

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