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## • COVER LETTER

TO: Registration Section **Division of Corporations** 

AIRPORT SUBJECT:	SUBWAY PARTNERS, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dave Roberts, CPA, CGM	Α	
		Name of Person	
	Dave Roberts CPA, PA		
	<del> </del>	Firm/Company	<del></del>
	100 N Biscayne Blvd suite	804	
	-	Address	
	Miami		
		City/State and Zip Code	
	info@drobertspa.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Dave Roberts		305 777-1699	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

AIRPORT SUBWAY PARTNERS, 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  $\frac{10/06/2014}{2014}$ and assigned Florida document number \_\_\_\_\_114000155666 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Airport F & B Partners, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being adde-or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
	<b>\</b>		□Change
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			□Remove
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			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, (f necessary.)
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(If an effe <u>Note:</u> I	the date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	
	Brenda Thueis
	Signature of a member or authorized representative of a member
	Denist in 1
	Brenda Rivers Typed or printed name of signee

Filing Fee: \$25.00