

L150000 10917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

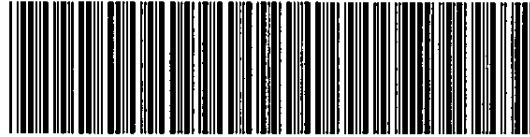
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Sidvers FEB 05 2015

LAW OFFICES OF
PIERCE & ASSOCIATES
ATTORNEYS AND COUNSELORS AT LAW
800 NORTH FERNCREEK AVENUE
ORLANDO, FLORIDA 32803

JOHN G. PIERCE, P.A.

TELEPHONE: (407) 898-4848
FACSIMILE: (407) 898-9321
WWW.JOHNPIERCE.COM
EMAIL: JERRY@JOHNPIERCE.COM

January 27, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment
C Group Restaurant Investments, LLC

To Whom It May Concern,

Please accept the enclosed Articles of Amendment for C Group Restaurant Investments, LLC, amending/correcting the spelling of the Registered Agent and Manager's last name.

Sincerely,

John G. Pierce

JGP/cam
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C GROUP RESTAURANT INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN G PIERCE

Name of Person

PIERCE & ASSOCIATES

Firm/Company

800 N FERNCREEK AVE

Address

ORLANDO, FLORIDA 32803

City/State and Zip Code

JERRY@JOHNPIERCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PIERCE

at **407** **898-4848**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

C GROUP RESTAURANT INVESTMENTS, 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 JANUARY 20, 2015 and assigned Florida document number L15000010913.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMEND ARTICLE III - AMENDING SPELLING OF REGISTERED AGENT'S

LAST NAME FROM ICHAPORIA TO CORRECT SPELLING OF ICHHAPORIA

AMEND ARTICLE IV- AMENDING SPELLING OF MGR's LAST NAME

FROM ICHAPORIA TO CORRECT SPELLING OF ICHHAPORIA

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 21, 2015



Signature of a member or authorized representative of a member

PERZID ICHHAPORIA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 28 AM 8:29

4.5.10