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COVER LETTER

TO:		ation Sec n of Corp							
SUBJE		ef Medite	rranean Grill LLC						
ЗОРЛЕ			Name of Lin	nited Liability Co	mpany			~	
The end	closed Ar	ticles of A	mendment and fee(s) are sub	omitted for filing	g.				
Please 1	return all	correspon	dence concerning this matter	to the following	g:				
	•		WALID ABU SHAW	ISH .					
	٠			Name of	Person	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		_	
			Reef Mediterranean Grill	LLC					
		ļ		Firm/Cor	npany			_	
		<u> </u> 	14537 S MILITAR	RY TRAIL #B					
				Addre	SS			_	
			DELRAY BEACH, FL	33484			•		
				City/State and	Zip Co	ode			
			WALID@WIRELE	SSPCS.COM to be used for fut	ire onr	ual report noti	ication)	-	
For furt	her infort	nation cor	ncerning this matter, please c		uic uin	idai report noti	ioution)	至空	28
	D SHAW	,	•	561 at ()	900-0499 #3	311	CRED	15 DEC
:		Name of I	Person		Code	Daytime	Telephone Numb	MAN CHANGE	21
Enclose	d is a che	ck for the	following amount:				,	F.03	ڭ <u>م</u>
■ \$25	.00 Filing	, Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional	l Copy	ee & ' s enclosed)	Certifi	Filing Fee cate of Streed Copy nal copy is e	e, or atus &
		Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314		Regis Divisi Clifto 2661	EET/COURING tration Section of Corpora Building Executive Cenassee, FL 323	ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALSENDBAD MEDITERRANEAN RESTAURANT LLC	
•	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	of Organization for this Limited Liability Company were filed on 05/12/2015 and assignent number L15000083477	med
This amendme	ent is submitted to amend the following:	
A. If amendi	ng name, enter the new name of the limited liability company here:	
Reef Mediterra	nean Grill LLC	
The new name m	ust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new pri	incipal offices address, if applicable:	
Principal offi	ice address MUST BE A STREET ADDRESS)	<u>-</u>
•	A SEC	
	ANG CO AN	17
Enter new ma	ailing address, if applicable:	Number
Mailing addre	ess MAY BE A POST OFFICE BOX)	-
		_
B. If amend registered age	ling the registered agent and/or registered office address on our records, enter the grame of ent and/or the new registered office address here:	the nev
Name	e of New Registered Agent:	
New	Registered Office Address:	·
	Enter Florida street address	-
	, Florida	
	City Zip Code	
New Registered	d Agent's Signature, if changing Registered Agent:	
provisions of a accept the oblueing filed to	pt the appointment as registered agent and agree to act in this capacity. I further agree to comply all statutes relative to the proper and complete performance of my duties, and I am familiar with a ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume merely reflect a change in the registered office address, I hereby confirm that the limited liability been notified in writing of this change.	and ent is
	If Changing Registered Agent, Signature of New Registered Agent	+
		1

Page 1 of 3

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> _□ Add _□ Remove □ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change ___Add □ Remove N ☐ Change U _**Í**ar Add . 26 _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If am	endin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effect	ive d	ate, if other than the date of filing:(optional)	
(If an efi Note:	fective If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.	.0207 (3)(b) d as the
docuit	icin 3	Sective date on the Beparation of State 8 records.	
		specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.	er of:
Dated	·	December 10, 2015.	
	!	1/2/00/	
	-	Signature of a member or authorized representative of a member	
		MOEEN HASAN KHALIL	
		Typed or printed name of signee	
	i		
	•	Page 3 of 3	
	i I	Filing Fee: \$25.00	