## 1150000 88145

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE FALLAHASSEE, FLORID!

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## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	JOHN DEWITT			
		Name of Person		
	AIRPORT RESTAURAN	TLLC		
		Firm/Company		
	1120 AIRPORT TERMIN	AL DR.		
		Address		
	DELAND, FLORIDA 327	24		
	<del></del>	City/State and Zip Code		
	bestburger@airportginmill.			
		to be used for future annual re	port notification)	
For further information co	oncerning this matter, please c	all:		
JOHN DEWITT		386 734- at ()_	9755	
Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>u</u>	Street Ado	lress:	

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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 RESTAURANT LLC			
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our rec ed Liability Company)	rords.)	
he Articles of Organization for this Limited Liability Compa	any were filed on MAY 12/2015	<u> </u>	and assigned
forida document number L15000088145			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	iability company here:		
IRPORT RESTAURANT & GIN MILL L.L.C.			
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "l	LLC" or the abbre	riation "L.L.C."
nter new principal offices address, if applicable:		<del> </del>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	N.K.	~
		Se Ca	<b>2</b>
		ARCI	APR
nter new mailing address, if applicable:		A 5 S	1 1~~.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
Juming Maurels Intel Deliving		——————————————————————————————————————	<u> </u>
		70.77	<del></del>
. If amending the registered agent and/or registered offi-	ce address on our records, en	ter the name o	
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	·	
Name of New Registered Agent:			<u></u>
		···················	<u></u>
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street ad	dress	
		dress Florida	· · · · · · · · · · · · · · · · · · ·

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 arrending 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 Actio
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	_		□ Change
·			
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			2020 ADR - 7 Add PH 1-244 SECRETARY DI STATE TALL AHASSEL FLOR DA
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Typed or printed name of signee