

L15000097200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 MAY 23 AM 7:41
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TALLAHASSEE, FLORIDA

MAY 23 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Uptown Scratch Kitchen, 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:

Mark E. Hodges

Name of Person

Uptown Scratch Kitchen, LLC

Firm/Company

c/o 1000 N. Ponce de Leon Blvd.

Address

St. Augustine, FL 32084

City/State and Zip Code

markh@relawfirm.com

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

For further information concerning this matter, please call:

Mark E. Hodges

509 860-2696
at ()

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**

Uptown Scratch Kitchen, 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 June 3, 2015 and assigned
Florida document number L15000097200.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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:

Mark E. Hodges

New Registered Office Address:

1000 N. Ponce de Leon Blvd.

Enter Florida street address

St. Augustine

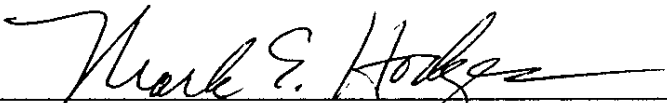
Florida 32084

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

17 MAY 23 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 23 AM 7:41
SECRETARY OF STATE
TALAMASSE, EDWARD

(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 15th, 2017

Mark S. Hoke
Signature of a member or authorized representative of a member

Mark E. Hodges, Manager / Member
Typed or printed name of signee

If amending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Vincent D'Amato	300 San Marco Avenue	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christina D'Amato	300 San Marco Avenue	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark E. Hodges	300 San Marco Avenue	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheila J. Hodges	300 San Marco Avenue	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cameron R. Hodges	300 San Marco Avenue	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Cameron R. Hodges		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ST. AUGUSTINE
ALABAMA
MAY 2 11 41 AM
ST. AUGUSTINE, FL 32084