1/5000098298

((Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	(Business Entity Name)
<u></u> ,	(Document Number)
Certified Copies	Certificates of Status
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K. SALY EXAMINER JUN 16 2015

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Manny's Co	hop House Enterprited Liability Company	7 fication)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Pa	ulina Lu Name of Person	
		ranc of reison	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	843 Oak	Shadows Road. Address	the trace of the t
	Celebration	Shadows Road Address Location Support Suppor	
	mannys E-mail address (SUSA @ Outlook Con to be used for future annual report notifi	2 ication)
For further information	concerning this matter, please ca		
Paulina Name	Lu of Person	at (407) 744-2 Area Code Daytime	238 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)	

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

TO **ARTICLES OF ORGANIZATION**

, ARTIC	LES OF (ORGANIZATION	E.
	O	F	FILED
Name of the Limited Liabi	hophouse	Entennise	2015 JUN 15 PH 3: 13
(A	Florida Limited	Liability Company)	ALLAHASSEC STATE
The Articles of Organization for this Limited Liabi	lity Company	were filed on $06/02$	4 2015 and assigned in
Florida document number <u>L/500098298</u>)	7	
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liab	ility company here:	
American Chophouse The new name must be distinguishable and contain the word	Enter	prise, LLC.	
The new name must be distinguishable and contain the word	s "Limited Liabi		
Enter new principal offices address, if applicabl	e:	8520 W. Irlo	Bronson Memorial Hwy 34747
Principal office address MUST BE A STREET A	ADDRESS)	Kissimmer, Fl	34747
Enter new mailing address, if applicable:		843 Oak Sha	dows Road _ 34747
(Mailing address MAY BE A POST OFFICE BOX)		Celebration, FC	34747
B. If amending the registered agent and/or registered agent and/or the new registered office	_		ords, enter the name of the new
	/.		
Name of New Registered Agent:	NA		
New Registered Office Address:	·	Enter Florida street a	ddesce
		ыны сынца ыгее! а	uur css
-		City	, Florida 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = N AMBR = A	Manager Authorized Member	Address 2015 JUN 15 PM	**•«
<u>Title</u>	<u>Name</u>	Address 2015 JUN 15 PM	Type of Action
	N/A	- MELAHASSEE. FLU	0: 3 □ Add
		<u>-</u>	□ Remove
			Change
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ective date, if other than effective date is listed, the date is listed in the date inserted in the ument's effective date on the	e must be specific and o is block does not me	cannot be prior to detect the applicable	ate of filing or more the statutory filing requ	(option an 90 days after fil uirements, this da	ing.) Pursuant to 605.0
ecord specifies a dela ne 90th day after the		ite, but not a	n effective time,	at 12:01 a.r	n. on the earlier
ed June 10th	·	2015			
	1	200			

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Filing Fee: \$25.00