L15000101664

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | idress) | _ |
| (Ad | ddress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PłCK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |





000331919580

07/12/19--01022--015 **60.00

SUMERACE PH 1: 32

JUL 23 7 TO SCHROEDER

COVER LETTER

| SUBJECT:D | ELUXE #2 RESTAURANT | & GRILL, LLC | |
|----------------------------|---|---|--|
| SUBJECT. | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Andre | Noel | |
| | | Name of Person | |
| | DELUXE 2 RESTA | JRANT & GRILLS, LLC | |
| | | Firm/Company | |
| | 996-998 SW 8 ⁻ | I AVENUE | |
| | | Address | |
| | North Lau | derdale, FL 33068 | |
| | | City/State and Zip Code | |
| | 7202865@gm | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please c | all: | |
| Andre Noel | | at (954) 857-6457 | • |
| Name o | f Person | at (954) 857-6457 Area Code Daytim | 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) | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

| DELUXE # | 2 RESTAL | JRANT & | GRILL. | LLC | C |
|----------|----------|---------|--------|-----|---|
| | | | | | |

| (A Florida Limited L | iability Company) | m our records.) | | |
|--|---|--|--|--|
| The Articles of Organization for this Limited Liability Company were fi | | re filed on06/10/2015 | | |
| Florida document number <u>L15000101664</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here | : | | |
| DELUXE 2 RESTAURANT & GRILLS, LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the desi | gnation "LLC" or the abbre | eviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | 19 | |
| (Principal office address MUST BE A STREET ADDRESS) | | 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m | | |
| | <u></u> | <u> </u> | - The second sec | |
| | | na en | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | ည့ | |
| | | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | : | | e name of the ne | |
| | Enter Florida | street address | | |
| | City | , Florida | | |
| New Registered Agent's Signature, if changing Registered Agent: | Cay | | Zip Code | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paceept the obligations of my position as registered agent as paceing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | performance of my rovided for in Cha | v duties, and I am fan upter 605, F.S. Or, if | ulliar with and this document is | |

If Changing Registered Agent, Signature of New Registered Agent

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> | Address | ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Change ☐ Change ☐ Change |
|--------------|-------------|----------------------------------|--|
| MGR | Andre Noel | 8120 NW 17 MNR Plantation, 33322 | ■Add |
| | | | Remove |
| | | | Change |
| | | -u | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| . <u> </u> | | | TO THE |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |

| | | <u> </u> | <u> </u> | | | _ |
|--|--|---------------------------------------|-------------------------------------|--------------|--------------------------------|-------------|
| | | | | | | - |
| | | | | | | _ |
| | | | | | | |
| | | | | | - | _ |
| | | | | , | | - |
| | | | | | | - |
| - | | | | | | _ |
| | | | | | | - |
| | | | - | | | |
| | · | <u> </u> | <u> </u> | | | _ |
| | <u> </u> | <u> </u> | · · _ · _ · _ · _ · _ · _ · _ · _ · | | | - |
| | | _ | | 1 | | _ |
| | | | | | 19 | |
| | | | | 7 | - 7 | <u>-</u> |
| | | <u> </u> | | ¥1 → 77 → | ैं। का | <u></u> |
| | | · · · · · · · · · · · · · · · · · · · | | 52 | <u> </u> | j |
| | | <u></u> | | <u> </u> | ⇔ | - |
| Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this black that the date in the da | at be specific and cannot be ock does not meet the | applicable statutory | z or more than 90 days | optional) | rsuant to 605 I not be list | 5.0207 i |
| document's effective date on the D | epartment of State's re | ecords. | | | | |
| ne record specifies a delayed The 90th day after the rec | l effective date, b ord is filed. | ut not an effect | ive time, at 12: | 01 a.m. on | the earli | er of: |
| Dated <u>07 - 08 -</u> | 19. | 1—·/) | | | | |
| | | | | | | |

Page 3 of 3

Filing Fee: \$25.00