Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20070000160

Phone : (800)494-3124

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRL RESTAURANTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | GRL RES | STAURANTS, LLC | ; | |
|--|---|---------------------------------------|--------------------------------------|---|
| | (Name of the Limited Liability Compar (A Florida Limited L | | | |
| The Articles of Organization | for this Limited Liability Company | were filed on | 07/08/2015 | and assigned |
| Florida document number | L15000114645 | | | |
| This amendment is submitted | i to amend the following: | | | |
| A. If amending name, ente | r the new name of the limited liabi | lity company her | ţ: | |
| he new name must be distinguish | able and contain the words "Limited Liabili | ity Company," the des | ignation "LLC" or th | |
| Enter new principal offices | address, if applicable: | | | 5 5 |
| | UST BE A STREET ADDRESS) | | | De la pare |
| | | | | 35 J |
| | | | | |
| nter new mailing address | if applicable: | | | SI SI |
| Malling address MAY BE . | Ţ - - | | | R AT |
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| | stered agent and/or registered of | | our records, <u>cs</u> | ter the name of the 1 |
| registered agent and/or the | new registered office address here | <u>ה</u> : | | |
| | } | | | |
| Name of New Reg | istered Agent: | . | | |
| New Registered O | ffice Address: | · | | |
| | | Enter Flori | da street address | |
| | | | , Florid | |
| | İ | City | | Zip Code |
| New Registered Agent's Sign | nture, if changing Registered Agent: | | | |
| provisions of all statutes r accept the obligations of n being filed to merely refle | ument as registered agent and agrelative to the proper and complete by position as registered agent as a change in the registered office in writing of this change. | performance of i provided for in C | my duties, and I hapter 605, F.S. | am familiar with and . Or, if this document is |
| zompuny nas veen nottflet | in writing of his thange. | | | |

Page 1 of 3

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If Changing Registered Agent, Signature of New Registered Agent

| If amending Authorized Per | rson(s) authorized to manage | enter the title, p | ame, and address o | f each person | being added |
|----------------------------|------------------------------|--------------------|--------------------|---------------|-------------|
| or removed from our record | <u>ls:</u> | | | | |

MGR = Manager AMBR = Authorized Member

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| Title | Name | | Address | Type of Action |
|-------|---------------|-------------|-------------------------------------|----------------|
| AMBR | WARNEFORD INC | | 6735 CONROY WINDERMERE RD SUITE 311 | = Add |
| | | | ORLANDO, FL 32835 | C Remove |
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| ctive date, if other than the date of | filing: | (optional) |
| If the date inserted in this block does | fic and cannot be prior to date of filing or more than 90 day not meet the applicable statutory filing requirement | is, this date will not be liste |
| ment's effective date on the Departmen | it of State's records. | |
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| be seen day area the record is i | nu. | TAR: |
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