## #15000116999

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SECRETARY OF STATE

K.SALY EXAMINER LUG -7 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SoFLOBURGER, 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:
Frantz J. Brignol Name of Person
Soflo Burger, LLC Firm/Company
1721 NW 15th Vista Apt. 11 Address
Boca Baton, FL, 33432 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frantz J. Brignol at (561) 955-0775  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 O	RGANIZATION	'ILE"
<b>O</b> I	F	2015 AUG-6 PM 3: 26
		AUG -6 PM 3
SoFLOBUR	GEH, LLC	TALLERETARY 5: 26
(Name of the Limited Liability Compar (A Florida Limited L	it as it now appears on our record iability Company)	SECRETARY OF STATE  SALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on July, 7th	2015 and assigned
Florida document number L15000116999.		,
This amendment is submitted to amend the following:	4	
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili".	ty 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)		<u> </u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
•		•
P. If amonding the registered agent and/on registered of	To adduce on our necessary	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
	•	•

Name of New Registered Agent:

Frantz J. Brigno

New Registered Office Address:

1721 NW 15th Vista Apt. 1

Enter Florida street address

Florida

Zip Code

FII

## 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

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 = Ms $AMBR = As$	anager uthorized Member				
<u>Title</u>	Name	Address	Type of Action		
AMBR	Iveny, Bruno	1721 NW 15th Vista Apt. 11 Add			
		1721 NW15th Vista Apt. 11 Boca Raton, FL, 33432	☐ Remove		
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etive date, if other than the effective date is listed, the date mus. If the date inserted in this bloment's effective date on the De	ock does not meet the a	oplicable statutory filit	option (option) (opti	ial) ling.) Pursuant to 605.0 late will not be listed
ecord specifies a delayed e 90th day after the reco		t not an effective	time, at 12:01 a.	m. on the earlier
August 44	rh . 20	15		
		- /) .	<b>7</b> 1	

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Filing Fee: \$25.00