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COVER LETTER

TO:

I'O: Registration Section Division of Corporations				
SUBJECT: TABLES	Eide Res	trurrent	Group	LLC
	Name of Limited	d Liability Company		
The enclosed Articles of Amendmen	t and fee(s) are submi	tted for filing.		
Please return all correspondence con	cerning this matter to	the following:		
	Joseph	Seiden's	sticker	
	plensite ?			
12	35 N. G.	ol & Stizeam Address	NE.	
	TOZASINZ	1, FL 3	5423 b	
	1-50	City/State and Zip Code	c	
	Joe (Ab E-mail address: (to	be used for future annua	al report notification)	
For further information concerning t				
			538 7337 Daytime Telepho	ne Number
Enclosed is a check for the followin	g amount:			
	00 Filing Fee & rificate of Status	S55.00 Filing Fer Certified Copy (additional copy is o		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Regis Divis The C	Address: tration Section ion of Corporatio Centre of Tallahas N. Monroe Street	see
•		Tallal	hassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TABLESEIDE à	Kestauz	mt Group	·	
		y as it now appears on our ability Company)		
The Articles of Organization for this Limited Liabi	lity Company v	were filed onDB [04/201	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e lim <u>ited liabi</u>	lity company here:		
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the designation	n "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A		1235 N. E SNRASOTA	, FL 34	AM ME
(1 Tincipus office unusess in og 1 1111 1111 1111 1111 1111				2291 A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				-0
			_	P:1 2:
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office a nere:	ddress on our records	, enter the nar	ne of the new registered
Name of New Registered Agent:	José	N. Guli		
New Registered Office Address:	1235	N. Gulfstu	EAR Au E	<u> </u>
	SARA:	So (A		34236 Zip Code
New Registered Agent's Signature, if changing Reg		City		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	igent and agre and complete red agent as p gistered office	performance of my du provided for in Chapte	ties, and I am r 605, F.S. Or	jamiliar with ana ; if this document is
		26	(N-1)	ogistavad Agant

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>	Name	Address	Type of Action
CEO	Joseph Guli		MAdd
			□Remove
PARTHER	Joseph Scidensticker		□Add
HAN NOE?			□Remove
			Change
CFO	PAtrice Seidenstrusia	<u></u>	🗆 Add
			Remove
			Change
			□Add
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			<u> </u>	
ective date, if other than the date of effective date is listed, the date must be spete: If the date inserted in this block document's effective date on the Departm	ecific and cannot be prior to ses not meet the applicat	date of filing or more than ole statutory filing requir	(optional) 90 days after filing.) F ements, this date w	rursuant to 605.02 ill not be listed
cord specifies a delayed effective date, s filed.	, but not an effective tim	ne, at 12:01 a.m. on the e	arlier of: (b) The	90th day after t
red August 2"	2021	:		
<u></u>		-		
_	ture of a member or author	ized representative of a mo	mber	

Filing Fee: \$25.00