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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

TO: Registration Section Division of Corporations

RESTAURANTS FOR SALE, LLC

SUBJECT: \_\_

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:

TONYA SEAY

Name of Person

STRATEGIC SUCCESS BUILDERS, LLC

Firm/Company

6516 CAMDEN BAY DR, #202

Address

TAMPA, FLORIDA 33635

City/State and Zip Code

TONYA@STRATEGICSUCCESSBUILDERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 TONYA SEAY
 813
 486-9843

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55. Certificate of Status Certificate

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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 ORGANIZATION OF

#### RESTAURANTS FOR SALE, LLC

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

#### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

|                                |                              |                   | 2010         |          |
|--------------------------------|------------------------------|-------------------|--------------|----------|
| Name of New Registered Agent:  |                              | <br>              | 2=           |          |
|                                |                              | - بر مرز<br>بر رن | X            |          |
| New Registered Office Address: |                              |                   | <u> </u>     | <u> </u> |
|                                | Enter Florida street address |                   |              | m        |
|                                | Florida                      | 5                 |              | <u> </u> |
|                                | City                         |                   | p.Gode<br>F≠ | -        |

#### 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>                               | Address            | Type of Action |
|-------|---|--------------------|----------------|
| MGR   | RONALD L. SLUSSER, JR.<br>RECOVABLE TRUST | 10000 MILANO DRIVE | 🖬 Add          |
|       |   | TRINITY, FL 34655  | Remove         |
|       |   |                    | Change         |
|       |   |                    | Add            |
|       |   |                    | Remove         |
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\* **t** 

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 2184 . 2018. Paul Sussa L. Signature of a member or authorized representative of a member

RONALD L. SLUSSER, JR.

Typed or printed name of signee

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Filing Fee: \$25.00