## L15000141102

(R	equestor's Name)	
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(C	ity/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration S Division of Co			
MRG-PC	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOEL H COWAN JR		
		Name of Person	
	MRG-PC - MASSALINA	A RESTAURANT GROUP, PAN	Person  NT GROUP, PANAMA CITY, LLC  Inpany  SS  Zip Code  ure annual report notification)  625-3062  Code  Daytime Telephone Number  Cling Fee & \$60.00 Filing Fee, Certificate of Status & Certificat
		Firm/Company	
	11605 POSTON ROAD		
	<del></del>	Address	
	PANAMA CITY, FLORIE	DA 32404	
B	กหา้ย ∰r@habersham.com	City/State and Zip Code	
		to be used for future annual report notif	cation)
For further information	concerning this matter, please ca	alt:	
JOEL H COWAN JR			
Name	of Person	a1 () Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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

MAILING ADDRESS:

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

MRG-PC. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8-18-2015 Florida document number \_ L15000141102 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MASSALINA RESTAURANT GROUP, PANAMA CITY, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR LACY S. CURRY	LACY S. CURRY	6560 BOHANNON RD	
		TYRONE GA 30290	
			☐ Change
MGR	JOEL H COWAN JR	11615 POSTON RD,	
		PANAMA CITY, FL 32404	Remove
		<del></del>	Change
		☐ Remove	
		Change	
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ffective date, if other than the an effective date is listed, the date mu	st be specific and	d cannot be prior	to date of filing or	more than 90 day			
<u>Note:</u> If the date inserted in this bootument's effective date on the D				ling requiremen	ts, this date w	ill not be li	isted as
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//#	Signature of a	member or auth	orized representat	ve of a member			<u>*</u> 7
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						41 in C	<u>ک</u> ا
JOEL H COWAN JR	<i>y</i>		ed name of signee			· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00