

L15000142143

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6385

From:
Account Name : LEGALZCOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3699

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

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2016 APR 29 AM 10:00
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MC RESIGN
CARLSSON RESTAURANT GROUP, LLC**

Certificate of Status	0
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MAY 02 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARLSSON RESTAURANT GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd., 10th Flr.

Address

Glendale, CA 91203

City/State and Zip Code

fcarlsson@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323

962-8600 ext 7950

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLSSON RESTAURANT GROUP, 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 08/19/2015 and assigned
Florida document number L15000142143

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 end with 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)

3220 Hyde Park Rd.

Pensacola FL, 32503

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 28

Pensacola FL, 32591

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

City, Florida Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	John Carlsson	3220 Hyde Park Road	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV. Please update AMBR Florence Carlsson's address to:

3220 Hyde Park Road, Pensacola, FL 32503

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 20, 2016.

Florence Carlsson
Signature of a member or authorized representative of a member

Florence Carlsson

Typed or printed name of signee

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Filing Fee: \$25.00

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