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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Joh	nnys tapho Name of Lim	JSP J Grill LC ited Liability Company	.C
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all correspond	lence concerning this matter	to the following:	•
	Micha	Name of Person	
		Firm/Company	
	22	6 E torpon	Ave
		Address for Springs City/State and Zip Code Inphose & Graci to be used for future annual report no	
For further information cor	neerning this matter, please ca		,
Michael Name of F	Tenness	at (<u>'77</u>) <u>943 - '</u> Area Code Dayti	me 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)
Registrat Division P.O. Box	GG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL.	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnnys tashouse + Gill CCC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{11-19-15}{2}$ Florida document number <u>L/5000/9505</u> Y 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 "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 City

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 re joved from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Graft Bur Brands	P.O. Box 941006 Martland Fl. 32794	Add
0			Change
MGK	John Stamper	107. E Turpon Ave Turpon Springs F1.3463	& Add
		Torpon Springs +1.5460	Remove
			Change
			🗆 Add
			□ Remove
			Change
			Add
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ote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	11-5-19
	mn/l
	Signature of a prember or authorized representative of a member
	Michael Jenness Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00