Page 2 of 6 To: **Division of Corporations**

.

RECEIVED

MAR 24

9

2016-03-24 10:51:59 PDT

15128571031 From: Sarah Perales Page 1 of 2

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000074498 3)))



H160000744983ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

То	Division of Cor	porations		ALL	
	Fax Number		13	AH	2016 MAR
Fr	iom:			22	n 24 TARY
	Account Name Account Number			S L	_
		: (323)962-860		ا بُلُ	
	Fax Number	: (323)962-388	9		
					an a
	mail address for this				
annuai r	eport mailings. Enter	onlà que émet	3001955	brease	-
Email Ad	ldress:				
·					
LLC	AMND/RESTATE/C	ORRECT OR	M/MG RE	ESIGN	
		ORRECT OR AURANTS, LI		ESIGN	
LLC				ESIGN	
LLC	S&S RESTA		.C	ESIGN	
LTC	S&S RESTA		.C	ESIGN	
HIC HOURDA	S&S RESTA Certificate of Status Certified Copy	URANTS, LI	2C 0 1	ESIGN	
HIRADOEE, FLURIDA	S&S RESTA Certificate of Status Certified Copy Page Count	URANTS, LI	0 1 05	ESIGN	
LLANASSEE, FLORIDA	S&S RESTA Certificate of Status Certified Copy Page Count	URANTS, LI	0 1 05	ESIGN	
	S&S RESTA Certificate of Status Certified Copy Page Count	URANTS, LI	0 1 05	ESIGN	
TTC	S&S RESTA Certificate of Status Certified Copy Page Count	URANTS, LI	0 1 05	ESIGN	
TTC HIM DOLE , FLORIDA	S&S RESTA Certificate of Status Certified Copy Page Count	URANTS, LI	0 1 05	ESIGN	

Help HAR 2 5 2016). HRUCE

https://efile.sunbiz.org/scripts/efilcovr.exe

To: Page 3 of 6

r

15128571031 From: Sarah Perales

COVER LETTER

TO: **Registration Section Division of Corporations**

S&S RESTAURANTS, 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:

Cheyenne Moseley

Name of Person

Legaizoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

dawson4495@gmail.com

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

For further information concerning this matter, please call:

For further information of	₽s	20			
Imelda Vasquez		323 at ()	962-8600 ext 7950		IB KA
Name of Person		Area Code	Daytime Teleph	ione Number	10 erec
				SSEE	2 1
Enclosed is a check for u	he following amount:				> C
□ \$25.00 Filing Fœ	Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	1	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	ittis &

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

To: Page 4 of 6

r.

2016-03-24 10:51:59 PDT

15128571031 From: Sarah Perales

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&S RESTAURANTS, LLC	
(Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company were filed on <u>12/7/2015</u> Florida document number <u>L15000203990</u> .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L	LC" 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 recorregistered agent and/or the new registered office address here:	ds, enter the name of the new
registered agent and/or the new registered onice address neve.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florido street addr	
.н	Clorida 😌 🖓

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Gode

Page 1 of 3

To: Page 5 of 6

.

,

×

2016-03-24 10:51:59 PDT

15128571031 From: Sarah Perales

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
AMBR	Ivan Richert	3547 Equestrian Ct.	🗹 Add	
		Jacksonville, FL 32223	Remove	
AMBR	Stephen Taylor	7313 Warner Dr	Add	
		Jacksonville, FL 32244	Z Remove	
AMBR	Stephen Taylor	6520 White Blossom Cir	🗗 Add	
			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	

-

2016-03-24 10:51:59 PDT

15128571031 From: Sarah Perales

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

2016 MAR 24 A F AHASSEE. J