# 15000204973

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J. LEGGETT MAR 20 2018

# **COVER LETTER**

1O: Registration Section Division of Corporations
SUBJECT: SOUTHLAND DINING Group LLC 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:
JOHN KONTOS
Southland DINING Group LLC Firm/Company
1025W-ST RD 84
City/State and Zip Code  MARINA mile pizza@ hotmail.com  E-mail address, (to be used for future annual report notification)
For further information concerning this matter, please call:
TOHN KONTOS  at (954), 270 - OZ72  Name of Person  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHLAND DINING Group	HC
SOUTHLAND DINING COMPANY as it now (A Florida Limited Liability Company as it now (A Florida Limited Liability Comp	appears on our records.)  pany)   1   1
The Articles of Organization for this Limited Liability Company were filed of Florida document number $11500004973$	on $12/8/15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	inv here:
The new name must be distinguishable and contain the words "Limited Liability Company,	" the designation "LLC" or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	15
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2: a
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
	, Florida
City	Zin 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 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> Address Type of Action <u>Name</u> Nicoras Leblanc Claurie 17766 OAKWOOD AVE DAW MGR BOCA RATON, FI. 33487 ☐ Change AMBR TOM INVESTMENTS GROUP LLC BRAT SPING, Fl. 33071 ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Remove \_□ Change □ Add \_D Change □ Add □ Remove

□ Change

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Filing Fee: \$25.00