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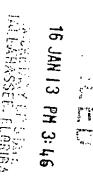
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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	_	estaurant Hospitality Group, LI	LC .	
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		Scott R. Jablonski, Esq.		
			Name of Person	
		Widerman Malek, PL		
			Firm/Company	
		1990 W. New Haven Ave.	, Suite 201	
			Address	·
		Melbourne, FL 32904		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		sj@uslegalteam.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	formation c	oncerning this matter, please ca	all:	
Scott R. Jablo	onski		321 255-2332 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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

Prodigal Restaurant Hospitality Group,		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on January 5, 2015	and assigned
Florida document number L16000002888		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Prodigal Hospitality Group, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		· ë
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		<u> </u>
	i de la companya de La companya de la co	-
	registered office address on our records, enter	
registered agent and/or the new registered office	address here:	R M
	ල් න	ယ္ (ြာ
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
-	City	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Månager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		.	□ Add
			□ Remove
		 .	
			Remove
			□ Change
			□ Add
			F Remove
			G-Ehange
			□ Change □ Add
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		 	□ Remove
			□ Change

Effective date, if other than the date of filing: (aptional) (ap	ir amending any other information	i, enter change(s) here: (Attach additional sheets,	y necessary.)	
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Page 3 of 3

Filing Fee: \$25.00