LIL 0000 16255

Office Use Only



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MAR 28 2016 J SHPVERS

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJECT: BURRITO GAMBRY NICATES, LLC Name of Limited Liability Company										
The enc	losed Articles of Amendment and fee(s) are submitted for filing.									
Please r	eturn all correspondence concerning this matter to the following:									
	J. PAVL SHUCKEY Name of Person									
	Name of Person									
	Hospitality DEVELOPMENT GRAP, uc									
	163 PURITAN PERA Address									
	Address									
	PONTE VEDRA FL 32081 City/State and Zip Code									
	City/State and Zip Code									
E-mail address: (to be used for future annual report notification)										
For furti	her information concerning this matter, please call:									
<u>J.</u>	PANL SHOCKEY at (904) 613-5997 Name of Person at (904) Daytime Telephone Number									
	Name of Person Area Code Daytime Telephone Number									
Enclose	d is a check for the following amount:									
\$25	.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & \$\times\$\$ \$\times\$\$ \$\frac{1}{2}\$\$55.00 Filing Fee & \$\times\$\$ \$\tim									

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BURRITO GALLERY NOCAT	EE, LLC
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number LIL 0000 16259	vere filed on AM. 22, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	BGPV, LLC
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	LAN.
New Registered Office Address:	Enter Florida street address
	Florida So
· · · · · · · · · · · · · · · · · · ·	City Zip Code Land
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>	Name	Address	Type of Action
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			☐ Change
			Add
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Filing Fee: \$25.00