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MAY 11 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOY'S GRILL 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:
LITH TRANCTS Name of Person
D a C
BOYS CRILL LLC
Firm/Company
5748 N OBT
ORLANDO, FI 32810
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 284-5872 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Bay's Gr	TH LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	TO PH WAR
The Articles of Organization for this Limited Liability Co Florida document number <u>しんしん2052</u>	ompany were filed on	am assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE <u>A STREET ADDR</u>	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of the new
•		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LITA FRANCIS	1008 BAITHURE DR ORLAHDO FL 32810	t Add
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			Change
			Add
			□ Remove
			Change
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LITA	FRANCI	5 75	TAE	RECOR	STERED	AGENT
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ffective date is If the date i	other than the date listed, the date must be s nserted in this block d we date on the Depart	oecific and cannot loes not meet the	applicable stat	f filing or more than utory filing requir	(optional 90 days after filin ements, this dat	g.) Pursuant to 60:
	fies a delayed eff after the record		out not an ef	fective time, a	it 12:01 a.m	. on the earli
APRI	L 25		<u> </u>			

Page 3 of 3

Filing Fee: \$25.00