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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations ABOVE THE REST RESTAURANT & BAKERY, 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: DERRICK JOHNSON Name of Person ABOVE THE REST RESTAURANT & BAKERY, LLC Firm/Company 4080 NW 12 STREET Address LAUDERHILL, FL 33313 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DERRICK JOHNSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABOVE THE REST RESTAURANT & BAKERY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 06/27/201	6 and assigned	
Florida document number L16000126940		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		•	
Enter new mailing address, if applicable:		· •	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
Her in gracied office roduces.	Enter Florida street address		
		, Florida	
	Сіцу	Zip Code	
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of	complete performance of my di agent as provided for in Chapte	ities, and I am familiar with and	

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
AMBR	NORMA JOHNSON		□Add
		4330 NW 16 STREET, LAUDERHILL, FL 33313	■Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			⊡Change : ⊡Add
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an enterine dance is instant the diffe in	ust be specific and cannot be prior to date of filing or mor block does not meet the applicable statutory filing	
moned emocitive a datasast affact	ive date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
is tited.	2023	
is filed. JULY 26 ated	2023 1169 N Signature of a member or authorized representative of	of a member

Filing Fee: \$25.00