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COVER LETTER

10:	Division of C	Section Corporations		
CHRIE	Food fo	or Thought Restaurant Group, So	uth LLC	
SUBJE	CI:	Name of Lir	mited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corre	spondence concerning this matte	r to the following:	
		Sue Bruzzi		
			Name of Person	
		BBX Capital		
			Firm/Company	
		401 East Las Olas Boulev	vard, Suite 800	
			Address	-
		Fort Lauderdale, FI 3330	01	
			City/State and Zip Code	
		sbruzzi@bbxcapital.com	(to be used for future annual report not):	
For furth	ner informatio	n concerning this matter, please of	·	neation)
Sue Bru	ızzi	,	954 940-5359	
	Nam	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed	d is a check fo	r the following amount:		
□ \$25.	.00 Filing 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)
	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	ility Company as it now appears on our recorded Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L16000130515	Company were filed on 7/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Food for Thought Restaurant Group, LLC		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	17
		म हो
		22
Enter new mailing address, if applicable:		№ 21
(Mailing address MAY BE A POST OFFICE BOX)		
Comming waters of the BE 711 OST OF TICE BOAY		 -
		_
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:	ristered office address on our record	ds, enter the name of the new
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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> Name **Address** Type of Action □ Add _□ Remove _□ Change _□ Add □ Remove _□ Add □ Remove □ Change □ Add _□ Remove □ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove

_□ Change

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Note:	ve date, if other tha etive date is listed, the da f the date inserted in t int's effective date on	te must be specific his block does no	and cannot be prior	able statutory tilve	(option nore than 90 days after fi g requirements, this o		i.0207 (3)(ed as the
f the reco b) The S	ord specifies a del 90th day after the	ayed effective record is file	e date, but no d.	t an effective t	ime, at 12:01 a.	m. on the earlie	er of:
Dated F	February19,		2017				
Suicu _	Das	Signature of	pember or autho	rized representative	of a monther		
	<u> </u>)	- Walle	ea representative	vo a mendoer		
	Ray Lopez						

Page 3 of 3

Filing Fee: \$25.00