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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FOOD FOR THOUGHT RESTAURANT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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June 2, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FOOD FOR THOUGHT RESTAURANT GROUP, LLC
401 EAS LAS OLAS BOULEVARD
SUITE 800
FORT LAUDERDALE, FL 33301

SUBJECT: FOOD FOR THOUGHT RESTAURANT GROUP, LLC
REF: L16000130515

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000147965
Letter Number: 417A00011090

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Food For Thought Restaurant Group 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 07/11/2016 and assigned
Florida document number L16000130515.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	FOOD FOR THOUGHT RESTAURANT GROUP-FLORIDA LLC	401 EAST LAS OLAS BOULEVARD	<input type="checkbox"/> Add
		SUITE 800	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change
MGR	Brick Kerge	401 EAST LAS OLAS BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 800	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change
CFO	Ray Lopez	401 EAST LAS OLAS BOULEVARD	<input checked="" type="checkbox"/> Add
		LAUDERDALE,	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

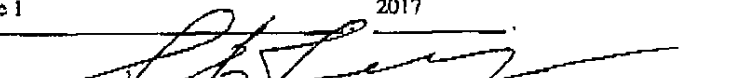
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 1 2017

2017


Signature of a member or authorized representative of a member

Fernando Jimenez, Attorney-in-Fact
Typed or printed name of signer

Fernando Jimenez, Attorney-in-Fact

Typed or printed name of signee

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