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To	;
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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 No annual report mailings. Enter only one email address places

Email Address:__

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOOD FOR THOUGHT RESTAURANT GRO	OUP, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)		
he Articles of Organization for this Limited Liability Company were filed on 07/11/2016 and assigned document number L16000130515			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the ahbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NO NO	
B. If amending the registered agent and/or registe		2 P	
B. If amending the registered agent and/or registered agent and/or the new registered office address	ess here:	PH 12:	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address		
	Flor		
	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>	Type of Action
MGR	RAYMOND BERNARD KERGE	401 E LAS OLAS BLVD STE 800	
		FT LAUDERDALE, FL 33301	■ Remove
			Change
CFO	RAY LOPEZ	401 E LAS OLAS BLVD STE 800	
		FT LAUDERDALE, FL 33301	Remove
			Change
MGR RAY LOPEZ	RAY LOPEZ	401 E LAS OLAS BLVD STE 800	■ Add
		FT LAUDERDALE, FL 33301	Remove
			D Changes
		Change NOV 2	
		SSA N	
			25 Change
			* 53
			_□ Remove
			Change
			🖸 Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional	sheers, if necessary.)
	- 10 A
	₩
	27
	75 3
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than applicable structure filing or more than applicable structure.	<i>⊳</i> ω
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 005.0207 (2)(coquirements, this date will not be listed as the
document's effective date on the Department of State 3 (cools).	
If the record specifies a delayed effective date, but not an effective tin (b) The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of:
Dated November 26 2018	
Signature of a member or authorized representative of	s member
Joseph Panholzer, Attorney-in-Fact	
Typed or printed name of signee	

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