Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000241160 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tor

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number: 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALAN'S DELITERRANEAN CAFE, LLC

Certificate of Status	0
Ccrtified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 2 9 2016

Electronic Filing Menu

Corporate Filing Menu

Y SUHSIFIT

H16000241160 -- -- --- ----

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALAN'S DELITERRANBAN CAPE, LLC	mnany self naw uppeurs on our records	· · · · · · · · · · · · · · · · · · ·
(A Plorida Umi	mpany as if now appears on our records ted Liability Company)	L)
he Articles of Organization for this Limited Liability Complorida document number L16000153783	any were filed on AUGUST 17, 2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ATZNER'S DELITERRANEAN CAFE, LLC		
e new name must be distinguishable and contain the words "Limited I	lability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices uddress, if applicable:	10817 SOUTH JOG ROAD	
rincipal office address MUST BE A STREET ADDRESS	SUITE 246	9.5
THE PARTY OF THE PROPERTY OF THE PARTY PROPERTY OF	BOYNTON BEACH, FL 3343	Annual An
nter new mailing address, if applicable:	10817 SOUTH JOG ROAD	
Aailing address MAY BE A POST OFFICE BOX)	SUITE 246	\$150 mg
THINK HALLESS MAT DE AT OBT OF THE BON	BOYNTON BEACH, FL 3343	7 = 1
		65
. If amending the registered agent and/or registered agent and/or the new registered office address		
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

Now 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

Page 1 of 3

H16000241160

H16000241160	- ; .		 :	
If umending Authorized Person(s) authorized to manage,	e. name, and ad			
or removed from our records:	· · · · · · · · · · · · · · · · · · ·	***************************************	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	M		Add
		<u> </u>	☐ Remove
			☐ Change
			□ Add
			☐ Remove
	·		☐ Change
			□ Add
			□ Change
			S. D.Saa S.
			© Remove
		<u> </u>	□ Change
		:	□ Remove
		: 	Change
-			
			□ Remove
			☐ Change

smending any other information, en	ter change(s) here:	(Attach additional s	heets, if necesso	(.עינו		
				, <u> </u>		,
	:					
	i					
	:					•
						•
		,		, <u>.</u>		
	!					
	····		<u> </u>			
	<u> </u>					
		-		<u></u>		•
	;					_
				~		•
					क	•
			<u>. </u>	1 1		,
	· · · · · · · · · · · · · · · · · · ·			Siria Siria		
	•			<u>्रे</u> ं-४	œ	; `
		, ,	-,-			
			<u> </u>	LONIU.	<i>ස</i>	
	·		•	<u></u>	Çigo	
	:			-		
fective date, if other than the date of in effective date is listed, the date must be speci- ote; If the date inserted in this block does	filing:	data of filing or more the	optional	l) \ Dumus	+ +n 60 5	: 020°
ate: If the date inserted in this block does	not meet the applicab	le statutory filing requ	irements, this dat	e will not	be list	od as
ocument's effective date on the Departmen	it of State & records.					
record specifies a delayed effect	ive date, but not	an effective time.	at 12:01 a.m	, on the	earlie	er o
The 90th day after the record is f	iled.	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SEPTEMBER 26	2016					
ated		, •				
Signature	of a member or authorn	ed representative of a n	ronnber			
	ı	•				

Page 3 of 3 Filing Fee: \$25.00