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JAN 20 2017 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Surf Shack 3 LLC 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:		
Stepher Bishop Name of Person		
Surf Shack Restaurants Firm/Company 3816 Sprice Dive Dr		
Valrico FC 33596 City/State and Zip Code	17 JAN 19	SECRE!
E-mail address: (to be used for future annual report notification)	PM	SSEE, FLORID
For further information concerning this matter, please call: Stephen Bishap at (863) 608 3168 Name of Person Daytime Telephone Number	2: 06	ORIUA
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our record Liability Company)	rds.)
(A Florida Limited The Articles of Organization for this Limited Liability Compan		
	116000 157	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Excelled A Red The new name must be distinguishable and contain the words "Limited Lial	staurant	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17 JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE. ELORIUM SSEE. ELORIUM 19 PM 2: 06
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
•		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

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 = A	AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
			Add			
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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 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste 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 earlie (b) The 90th day after the record is filled. Dated	
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Dated	r of:
Signature of a member or authorized representative of a member	
Stephen Bishop	

Page 3 of 3

Filing Fee: \$25.00