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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
FINLEY'S SUBJECT:	RSTURANT&GIFT SHOP,LL	.c	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZERA FINLEY		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	FINLEYS RESTURANT&	GIFT SHOP,LLC	
		Firm/Company	
	731 HAMMONDVILLE F	ROAD, UNIT 103C	
		Address	
	POMPANO BEACH,FLO	RIDA 33360	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
ZERA FINLEY		954 646 4472 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Cor	
P.O. Boy 632		The Centre of T	Tallahassaa

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINLEY'S RESTURANT&GIFT SHOP, 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 02/13/2024	and assigned
Florida document number L16000190501		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Fatan		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, <u>enter th</u>	te name of the new registered
New Registered Office Address.	Enter Florida street address	
	Flor	ida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I I am familiar with and

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
MGR	JEANIE STRACHAN	731 HAMMONDVILLE RD,UNIT 103C	YAdd
		POMPANO BEACH,FLORIDA 33060	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			ior to date of filing or	(opti more than 90 days after	onal) r filing.) Pursuant t	o 605.0207
	ner than the date of ed, the date must be spec					
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