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PICK-UP WAIT	<b>/</b> AIL
(Business Entity Name)	
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ECRETARY OF STATE
ELAHASSEE, FLORIDI

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**S Warren** NOV 28 2016

## **COVER LETTER**

TO:	Registration Se Division of Cor			
		Championsgate Resta	urant Management LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	·
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Agnes Chau	
			Name of Person	
		Lav	w Offices of Agnes Chau, P.A.	
			Firm/Company	
			716 E. Colonial Drive	
		<del></del>	Address	
			Orlando, FL 32803	
			City/State and Zip Code	
			nc@agneschaulawfirm.com to be used for future annual report notif	Togtion)
For fu	rther information c	oncerning this matter, please co	•	leation
Agne	s Chau		407 648-0880 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for the	ne following amount:		
<b>S</b> \$2	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 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

Championsgate Restaurant Management LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	10/18/2016	and assigned
Florida document numberL16000192514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abl	breviation "L.L.C.
Enter new principal offices address, if applicable:		3
Principal office address MUST BE A STREET ADDRESS)	173 C	m
	-n	
	OR.	γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ
Inter new mailing address, if applicable:	D	m 2
Mailing address MAY BE A POST OFFICE BOX)		
	7,000	
<del></del>		<del></del>
B. If amending the registered agent and/or registered office address on	our records, enter (	the name of the ne
egistered agent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	a street address	
	, Florida	
City	, 1 101 Iua	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tun Min Liu	9251 Southern Breeze Drive	□ Add
		Orlando, FL 32836	■ Remove
			☐ Change
MGR	Lisa Liu	9251 Southern Breeze Drive	
		Orlando, FL 32836	□ Remove
			Change
			☐ Remove
			Change
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Filing Fee: \$25.00

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