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DEC 0 6 2016 S. YOUNG SECREJARY OF STATE TALL AHASSEE, FLORIDA

COVER LETTER ,

TO:		on Section ' f Corporations		e ·
SUBJE	The F	loridian Breakfast Cafe, LLC		
SUBJE		Name of Li	mited Liability Company	
Tri .	.11 4 42 1		1 : . 1 c - g);	
		les of Amendment and fee(s) are surrespondence concerning this matte	_	
		5		
		. Jay Bonnett		
			Name of Person	
			Firm/Company	[P:
		2401 West Bay Dr., Suite	: 601	. 2011
			Address	
		Largo, FL 33770		5 5th
		47	City/State and Zip Code	
		jaybonnett@gmail.com		3
		E-mail address:	(to be used for future annual report not	ification)
For fur	ther informa	tion concerning this matter, please	call:	
Jay Bo	nnett	4 P. (4	813 345-7150 at ()
	N	ame of Person		ne Telephone Number
		to	;	
Enclose	ed is a check	for the following amount:	· · · · · · · · · · · · · · · · · · ·	Sept.
\$25	5.00 Filing F	ee Di\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Allahassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corpor Tallahassee, FL 33	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Floridian Breakfast Cafe, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 11/10/2016	and assigned
Florida document number L16000206855		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The Floridian Beach Cafe, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		o Fe
		可要
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	OX)	
		-
		50 6
B. If amending the registered agent and/or	registered office address on our records, ent	er the name of the nev
registered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florido	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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>	Name .		Address	Type of Action
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n effective date is te: If the date i	other than the date listed, the date must be spinserted in this block do we date on the Departm	ecific and cannot be ses not meet the a	plicable st	of filing or more	than 90 days afte	onal) r filing.) Pursuant to 605. s date will not be liste
record speci The 90th day	fies a delayed effe after the record is	ctive date, bu	t not an o	effective tin	ne, at 12:01	a.m. on the earlie
November 2	29	2016				
		ture of a member or	J			
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Page 3 of 3

Filing Fee: \$25.00