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COVER LETTER

	tration Section of Corp				
L SUBJECT: _	Legacy PLK	Clearwater LLC			
ood, de la		Name of Limited Liability Company			
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		Linda Citara			
			Name of Person	<u> </u>	
	Thomas Colitsas & Associates, P.A. Firm/Company				
	103 Carnegie Center, Suite 309				
			Address		
		Princeton, New Jersey 085	40		
			City/State and Zip Code		
		louie@legacyqsr.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For further info	ormation co	ncerning this matter, please ca	all:		
Luis Ramos			718 846-2371		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing 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

Legacy PLK Clearwater LLC		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our record ida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number L160000230735	Company were filed on 01/17/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Legacy Clearwater QSR LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		17 FEB - 6
3. If amending the registered agent and/or reg		s, enter the mame of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			□ Remove	
			□ Change	
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te: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records record specifies a delayed effective date, but no	r to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed
The 90th day after the record is filed.	
February 1 , 2017 Signature of a member or auti	norized representative of a member
Munira Meghji	
Typed or prin	ted name of signee

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Filing Fee: \$25.00