117000000783

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DIVISION OF COMPANIONS

O CHAMONS AUG 18 2017

COVER LETTER

	gistration Sec dision of Corp						
CHD IFCT.		GRILL DELAND LLC					
SUBJECT.		Name of Limited Liability Company					
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please returi	n all correspoi	ndence concerning this matter	to the following:				
		Jurss, James Jason					
			Name of Person				
		Artisan Grill					
Firm/Company 215 SOUTH WOODLAND BLVD							
							+ <u>- 12 · · · · · · · · · · · · · · · · · · </u>
		DELAND, FL 32720					
			City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For further i	nformation co	oncerning this matter, please co	all:				
Jurss, James	s Jason		386 7479061 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.001	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

ARTISAN GRILL DELAND LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records ned Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 12/30/2016	and assigned
Florida document number L17000000783		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		OF III ADDITION TO THE PERSON
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		7 0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	City , Flo	orida Zip Code
Naw Degistered Agent's Signature, if changing Registered Ag	,	mp Couc

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	JURSS, BRADLEY	215 SOUTH WOODLAND BLVD	
		DELAND, FL 32720	■ Remove
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ATT. 5					
		May 16,	2017		
ffective date, if other than effective date is listed, the	an the date of the date must be specificated	filing: c and cannot be pr	or to date of filing or	more than 90 days after	onal) r filing.) Pursuant to 605.0207 (3)(
ote: If the date inserted in seument's effective date of	this block does	not meet the app	licable statutory fil	ing requirements, thi	is date will not be listed as the
	·				
			not an effective	time, at 12:01	a.m. on the earlier of:
The 90th day after t	ne record is fi	led.			
August 13		2017			
		-,			
	1 / -	7	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00