## 117000009601

| (Requestor's Name)                      |
|---|
| , ,                                     |
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Pflofie #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Ontification of Olekan                  |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



600295952406

02/27/17--01008--011 \*\*25.00

2011 FEB 27 AM III: 40

K. SALY MAR - 1 2017

## **COVER LETTER**

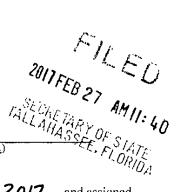
| TO: Registration Sec<br>Division of Corp |  | ধ   |  |
|--|--|---|--|
| subject: <u>Spic</u>                     | ES LEJANA<br>Name of Lim                     | NT And Lounge ited Liability Company                                | LLC  |
| The enclosed Articles of A               | Amendment and fec(s) are sub                 | mitted for filing.  |  |
| Please return all correspon              | ndence concerning this matter                | to the following:   |  |
|  | DAVID CO                                     | RLAUES Name of Person   |  |
|  |  |   |  |
|  | DC and IVI                                   | EnTenThinmenT L<br>Firm/Company                                     | <u>-u</u>  |
|  | 6705 45                                      | M Ave West A  | Lot. A   |
|  |  | Address   |  |
|  | Bradenton                                    | FL 34210<br>City/State and Zip Code                                 | And and the Property of  |
|  |  | •   |  |
|  | E-mail address: (1                           | base @ smail. Com to be used for future annual report notif         | ication)   |
| For further information co               | oncerning this matter, please ea             | all:  |  |
| David Corra                              | Person                                       | at ( <b>784</b> ) <b>760</b> Area Code Daytime                      | -6414  |
| Name of                                  | Person                                       | Area Code Daytime   | : Telephone Number   |
| Enclosed is a check for th               | e following amount:                          |   |  |
| \$25,00 Filing Fee                       | □ \$30.06 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



## SPICES RESTAURANT AND LOUNGE

(Name of the Limited Liability Company as it now appears on our records.

| The Articles of Organization for this Limited Liability Company v   | were filed on            | 1 13 2017 and assigned                  |
|---|--------------------------|---|
| Florida document number <u>L 17000009601</u> .  |                          | •                                       |
| This amendment is submitted to amend the following:   |                          |   |
| A. If amending name, enter the new name of the limited liabil   | ity company here:        |   |
| DC MD M ENTERTAIN   | JMENT LL                 | .C                                      |
| The new name must be distinguishable and contain the words "Limited Liability   | y Company," the designat | ion "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | Α                        |   |
| (Principal office address MUST BE A STREET ADDRESS)   | ·                        |   |
| /   |                          |   |
| Enter new mailing address, if applicable:   | W-A                      |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |                          |   |
|   |                          |   |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: |                          | records, enter the name of the new      |
| registered agent and/or the new registered office address here.   | •                        |   |
| Name of New Registered Agent:   | N - h                    | · · · - · · · - · · · · · · · · · · · · |
| New Registered Office Address:  |                          |   |
|   | Enter Florida stre       | vet address                             |
|   |                          | , Florida<br>Zip Code                   |
|   | 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, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | lanager<br>uthorized Member |             |                |
|--------------------|-----------------------------|-------------|----------------|
| <u>Title</u>       | Name                        | Address     | Type of Action |
|                    |                             | N - 4-      | Add            |
|                    |                             |             | □ Remove       |
|                    |                             |             | ☐ Change       |
|                    |                             |             | □ Add          |
|                    |                             | <del></del> | □ Remove       |
|                    |                             |             | Change         |
|                    |                             |             | Change Change  |
|                    |                             |             | Change O       |
|                    |                             |             | □ Remove ·     |
|                    |                             |             | Change         |
| <del></del>        |                             |             |                |
|                    |                             |             | ☐ Remove       |
|                    |                             |             | ☐ Change       |
| <u></u>            |                             |             |                |
|                    |                             | <del></del> | □ Remove       |
|                    |                             |             | ☐ Change       |

|   |                                 |                                | 2012  |
|---|---------------------------------|--------------------------------|---|
| ·   |                                 |                                | 2017 FEB 27 AM 1<br>SELRE FATTY OF STA<br>LAHASSEE, FLOR            |
|   |                                 |                                | SELRE IN- AMI   |
|   |                                 |                                | TAHASSEF OF STA   |
|   |                                 |                                | - COR   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
| <u> </u>  |                                 |                                |   |
|   |                                 |                                | <del></del>   |
| <del></del>   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 |                                |   |
|   |                                 | ·                              |   |
|   |                                 |                                |   |
| ective date, if other than the date of effective date is listed, the date must be spected if the date inserted in this block does ment's effective date on the Departme | s not meet the applicable stat  | atory filing requirements, thi | o <b>nal)</b> filing.) Pursuant to 605.02 s date will not be listed |
| ecord specifies a delayed effecte 90th day after the record is  |                                 | fective time, at 12:01 a       | a.m. on the earlier   |
| d FEBRUMY 22  |                                 |                                |   |
|   | 112                             | -                              |   |
| Signatur  | e of a member or authorized rep | resentative of a member        |   |

Page 3 of 3

Filing Fee: \$25.00