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DIVISION OF CORPCRETE

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COVER LETTER

TO:		istration Session of Cor		` `			
	(1) Z (T)		Grande, LLC				
SUBJ	IECT:	Name of Limited Liability Company					
The e	nclosed	Articles of .	Amendment and fec(s) are sub	mitted for filing.			
Pleasi	e return	all correspo	ndence concerning this matter	to the following:			
			Timothy J. Bruehl				
				Name of Person			
			Waggoner & Bruehl, P.A.				
			 	Firm/Company			
			5400 Pine Island Rd., Suite	e D			
			-	Address			
			Bokeelia, FL 33922				
				City/State and Zip Code			
			debbie@wblegallaw.com E-mail address: (to be used for future annual report no	otification)		
For fu	urther in	iformation co	oncerning this matter, please ea		·		
Timo	othy J. E	Bruehl		239 283-1076 at ()			
		Name of	f Person	at () Area Code Dayt	ime Telephone Number		
Enclo	sed is a	check for th	ne following amount:				
≡ \$:	25.00 F	iling 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

El Pescado Grande, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) February 15th, 2017 The Articles of Organization for this Limited Liability Company were filed on and assigned 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 Liability Company," the designation "LLC" or the abbreviation "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Civ

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>	Address	Type of Action
AMBR	Brett Scully	5400 Pine Island Rd., Suite D	
		Bokeelia, FL 33922	■ Remove
			□ Change
AMBR	Christopher D'Andrea	3375 Grantline Rd.	
		Mims, FL 32754	□ Remove
			☐ Change
			Add
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			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional) nore than 90 days after filing) Pursuant to 605
lote: If the date inserted in this block does not meet the applicable statutory filir	
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective	time, at $12{:}01$ a.m. on the earlie
The 90th day after the record is filed.	
June 13th 2018	
ated	
Signature of a prember or authorized representative	rafa prember

Page 3 of 3

Filing Fee: \$25.00