

L17000037205

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE KOSHERY GRILL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRASHANT VADHULAS

Name of Person

VJ CONSULTING

Firm/Company

814 CHESTNUT ST

Address

CLEARWATER, FL 33756

City/State and Zip Code

PRASHANT@VJCONSULTINGLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRASHANT VADHULAS

727 953-7762
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

THE KOSHERY GRILL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/16/2017 and assigned
Florida document number L17000037205.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

931 S HOWARD AVE

TAMPA, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 HILLTOP AVE

CLEARWATER, FL 33755

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:

AMNON ESHEL

New Registered Office Address:

300 HILLTOP DR

Enter Florida street address

CLEARWATER

City

Florida

33755

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAMAN, AVIHAY	13714 STAGHORN RD	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOSEF, CHEFRAN	6822 S WALL STREET	<input type="checkbox"/> Add
		TAMPA, FL 33616	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMNON ESHEL	300 HILLTOP AVE	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROEI AZOVIV	100 S BELCHER RD, UNIT 7331	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 20/10/2017.

Typed or printed name of signee