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12/18/17--01018--012 **60.00



COVER LETTER

Division of C			
Mojo Mia	ami "LLC"		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Aaron B Pettry Sr		
		Name of Person	
	Mojo Miami LLC		
		Firm/Company	
	3600 Todd Ct		
		Address	 -
	Titusville, Fl 32780		
		City/State and Zip Code	
	abpettry@gmail.com	to be used for future annual report notifi	cation
For further information	concerning this matter, please c	•	cationy
Aaron B Pettry Sr		321 298-9635 at ()	
Name	of Person		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

Mojo Miami L.L.C.		
(Name of the Limited Liab (A Flor	ollity Company as it now appears on o ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability lorida document number	Company were filed on $\frac{2/27/201}{1}$	and assigned
his amendment is submitted to amend the following:	.	
If amending name, enter the new name of the li	mited liability company here:	
lojo Miami Tropical Grill LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or reg		records, enter the name of the n
egistered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		, Florida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Aaron B Pettry Sr	3600 Todd Ct Titusville, Florida 32760	🖶 Add
			☐ Remove
			☐ Change
			D Add
			Remove
			Change
			Remove
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			Add
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			Change
			Add
			Remove
			☐ Change
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Effecti	ve date, if other than th	e date of filing:		(optional) 90 days after filing.) Pursuant to 605.02
Note:	If the date inserted in this	ust be specific and cannot be prior block does not meet the applic Department of State's records.	able statutory filing requir	90 days after filing.) Pursuant to 605.02 ements, this date will not be listed:
	ord specifies a delayo 90th day after the re		t an effective time, a	t 12:01 a.m. on the earlier
	December 14	2017		
Dated		•		

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Typed or printed name of signee

Filing Fee: \$25.00