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K. SALY APR 20 2018

COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	Division of Corporations
Please return all correspondence concerning this matter to the following: Kami Smith Name of Person Firm/Company PO BOX 2532 Address Santa Rosa Beach FL 33459 City/State and Zip Code Kani WSmith @ icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code 1850 187-8431 Area Code Daytime Telephone Number Enclosed is a check for the following amount: 2525.00 Filing Fee Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy Certificate Copy	SUBJECT: Southern Gentlemen Restaurant Grup UC Name of Limited Liability Company
Please return all correspondence concerning this matter to the following: Kami Smith Name of Person Firm/Company PO BOX 2532 Address Santa Rosa Beach FL 33459 City/State and Zip Code Kani WSmith @ icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code 1850 187-8431 Area Code Daytime Telephone Number Enclosed is a check for the following amount: 2525.00 Filing Fee Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy Certificate Copy	
Firm/Company PO BOX 2532 Address Santa Rosa Beach FL 32459 City/State and Zip Code Kamiwsmith @ ieloud. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: And Smith Name of Person at (850) L087-8431 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (certificate of Status & Certified Copy)	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Firm/Company PO BOX 2532 Address Santa Rosa Beach FL 32459 City/State and Zip Code Kani ws mith @ icloud. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$255.00 Filing Fee \$ Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy Certificate Copy Certificate Copy	Please return all correspondence concerning this matter to the following:
Address Santa Rosa Beach FL 32459 City/State and Zip Code Kami wsmith @ icloud. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)	Kami Smith Name of Person
Santa Rosa Beach FL 32459 City/State and Zip Code Kaniwsmith @ icloud. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Admi Smith	Firm/Company
Santa Rosa Beach FL 32459 City/State and Zip Code Kaniwsmith @ icloud. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Admi Smith	PO BOX 2532
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City/State and Zip Code Kami wsmith @ icloud. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Acami Smith	Santa Rosa Beach FL 32459
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Accord	
For further information concerning this matter, please call: Compared to the following amount: Section	Kamiusmith @ icloud.com
Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{S30.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)	E-mail address: (to be used for future annual report notification)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$ \sum_{\text{\$\frac{1}{2}}}\$ \sum_{\$	For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$ \sum_{\text{\$\frac{1}{2}}}\$ \sum_{\$	Kami Smith at (850) 687-8431
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

FILED

18 APR 19 PM 1: 07

Southern Gentlemen Restaurant Group LCC STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company her	re:
Smith Restauran		
The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable		
Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		our records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, <u>enter the name of the</u>
B. If amending the registered agent and/or r	registered office address on	our records, enter the name of the
B. If amending the registered agent and/or r	registered office address on	our records, <u>enter the name of the</u>
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on address here:	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	egistered office address on address here:	our records, enter the name of the
3. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	egistered office address on address here:	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	<u>Address</u>	Type of Action
MENL	James mcconnell	12 Flamingo Orive	Add
		12 Flamingo Orive Santa Rosa Beach Fl	Remove
		32459	Change
			□ Remove
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an eff lote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	3 37/00000 3018
	Kami W. Smith
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00