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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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C. GOLDEN FEB 1 2 2019

COVER LETTER

| Taste of Dix SUBJECT: | tie Diner LLC | | |
|-----------------------------|--|---|---|
| <u></u> | Name of Limi | ted Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | nitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Barbara Higginbotham | | |
| | | Name of Person | ····· |
| | Taste of Dixie Diner LLC | | |
| | | Firm/Company | |
| | 1367 NE 188 Avenue | | |
| | | Address | |
| | Old Town, Fl 32628 | | |
| | barbichigginbotham67@gar | City/State and Zip Code mil.com | |
| | E-mail address: (1 | to be used for future annual report notif | ication) |
| For further information co | oncerning this matter, please ca | all: | |
| Anne G Hodges CPA | | 352 498-7067 | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| S25.00 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

TO:

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

Taste of Dixie Diner LLC

2019 FEB -6 PH 4: 23

| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears or | our records.) |
|--|--|---|
| (A Fiorida Limi | ited Liability Company) | SONT WILL OF STATE |
| The Articles of Organization for this Limited Liability Comp | nany were filed on 07/28/ | 2017 FALL-MASSEE, FL and assigned |
| Florida document number L17000161528 | | |
| ionaa document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here | |
| | | |
| he new name must be distinguishable and contain the words "Lumited I | Liability Company," the design | mation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | S) | |
| | | |
| | | • |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Maning Gaures, Mill Burns, Coll Coll College | | |
| | | |
| 3. If amending the registered agent and/or registere | | ur records, enter the name of the n |
| egistered agent and/or the new registered office address | <u>here</u> : | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida | street address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | <u>zent:</u> | |
| hereby accept the appointment as registered agent and | agree to act in this cap | pacity. I further agree to comply with t |
| provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent | nete perjormance of m t as provided for in Ch | upter 605, F.S. Or, if this document is |
| being filed to merely reflect a change in the registered o | ffice 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> l'itle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|----------------------|-------------------------------------|----------------|
| AMBR | Higginbotham, Daryle | 1367 NE 188 Avenue Old Town, Fi | Add |
| | | | ■ Remove |
| | | | ☐ Change |
| AP | Foster. Martha | 375 NE 749 St Old Town, FL 32680 | Add |
| | | | ■ Remove |
| | | | □ Change |
| | | | □ Adđ |
| | | | □ Remove |
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Page 3 of 3

Filing Fee: \$25.00