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COVER LETTER

Division of Corp	orations		
SUBJECT: EA	ITRAL FLORI	DA RESTOURANT ited Liability Company	- BusiNESS LL
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	William I	Name of Person	
	KINGS SI	NOKEHOUSE Firm/Company	
	1340 ALAFAY	A TRAIL, OUIEDO	FL 32765
	OVIEDS	FL 32765 City/State and Zip Code	
	THEKINGS (M	OKEHOUSE @ GN	ALL. COM
	E-mail address: (1	10 KEH'S USE @ 6 M to be used for future annual report notific	cation)
For further information co	ncerning this matter, please co		
WILLIAM D.	SNYDER	at (407) 925 Area Code Daytime	-8350
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
[] \$2 5.00 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA RESTAURANT BUSINESS LLC
(Name of the Limited Liability Company as it now appears on our records.)

	(7/)	nortua Cimileo C	лаонцу Сотраг	(y)			
The Articl Florida do	les of Organization for this Limited Liabil ocument number <u>L</u> 1 7 00 <i>0</i> 205	lity Company	were filed on	10/4/17	•	and assigne	d
This amen	ndment is submitted to amend the followir	ng:					
A. If ame	ending name, <u>enter the new name of the</u>	e limited liabi	lity company	here:			
The new nat	me must be distinguishable and contain the words	: "Limited Liabili	ity Company," t	ne designation "LLC	" or the abbrev	riation "L.L.C."	
Enter nev	v principal offices address, if applicable	e:					
(Principal	l office address MUST BE A STREET A	(DDRESS)					
Enter nev	v mailing address, if applicable:						
(Mailing o	address MAY BE A POST OFFICE BOX	<u>X)</u>			,		
registered ì	nending the registered agent and/or a lagent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		Enter	Florida street addres	SSEE.	mame of 17 OCT 16 AH 7: 2	he new
	_		City		25 A	Zij e 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	ANNA SNY DER	1540 BLAFAYA TR	
		OVIEDO FL 32765	
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earl	ier d
ated	OCTOBER 1/TH 201)		

Page 3 of 3

Filing Fee: \$25.00