

L17 000 209 551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

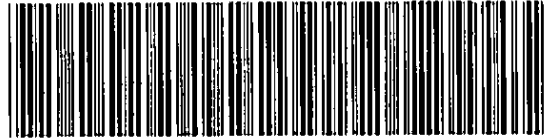
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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R. WHITE

JAN 15 2020

2020 01 13 AM 9:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2019

LOUIS GRAYSON
1231 SW 1ST AVE
BOCA RATON, FL 33432

SUBJECT: POKE LAB EATERY, LLC
Ref. Number: L17000209551

We have received your document for POKE LAB EATERY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 619A00025453

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POKE LAB EATERY LLC

2026 JUN 13 AM 9:26

(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 _____ and assigned Florida document number L17000209551.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street 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>	<u>Type of Action</u>
<u>MR</u>	<u>LOUIS GRAYSON</u> Manager	<u>1231 SW 1st AVE, Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>100% ownership</u>	<input checked="" type="checkbox"/> Change
<u>MRS.</u>	<u>Elizabeth Thephithack</u> Manager	<u>1106 Pinehurst Blvd</u>	<input type="checkbox"/> Add
		<u>Boynton Beach, FL 33426</u>	<input checked="" type="checkbox"/> Remove
		<u>No ownership</u>	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

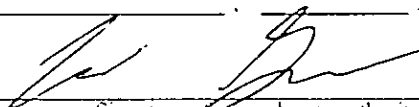
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change to have Louis GRAYSON
100% ownership.
Please take off Elizabeth Thophithack
from Business

E. Effective date, if other than the date of filing: 11/17/19 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/13/19



Signature of a member or authorized representative of a member

LOUIS GRAYSON

Typed or printed name of signee