LIT 000 ZI 8268 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KOEPPEL LAW GROUP, P.A.

Account Number : 120078000064 Phone : (561)659-6455 Fax Number : (561)659-7006

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCCO'S NAPLES TACO, LLC

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SECRETARY OF STATE

Electronic Filing Menu

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ROCCO'S NAPI | | | | |
|---|--------------------------------------|--|--|------------------------|
| (Name of the Limited Liability Compa (A Plorida Limited I | ny as it now app Jability Company | ears on our records.) | | _ |
| The Articles of Organization for this Limited Liability Company Florida document number L17000218268 | were filed on | October 23, 2017 | and | assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited linbi | lity company | here: | | |
| ONE NAPLES TACO, LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabile | ity Company," the | designation "LLC" or the | Abbreviation | "L.L,C." |
| Enter new principal offices address, if applicable: | | | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <i>=::::::::::::::::::::::::::::::::::::</i> | |
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| Enter new mailing address, if applicable: | | | SSS | <u>.</u> ن |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | A : |
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| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address e : | m our records, <u>enter</u> | the man | cof the |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Flo | orida street address | | |
| | | , Florida | | |
| | City | | Zip Cod | le |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as proving filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance o rovided for in | f my duties, and I am Chapter 605, F.S. Or, | familiar и if this do | rith and cuntent is |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Title | <u>Name</u> | Address | Type of Action |
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Page 3 of 3

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