

(Requesto	r's Name)
(Address)	
	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
	_
(Business	Entity Name)
(Documen	t Number)
(2000	
Certified Copies (Certificates of Status
Consist to should not be Elling 5	NG'
Special Instructions to Filing 0	лпсет:

Office Use Only



600307943526

01/24/18--01022--003 **25.00



JAN 25 2016 Y SULKER

COVER LETTER

	gistration Sec vision of Corp			
מיצינו מ'ניי		JRANT COMPANY, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	tmendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Stephen V. Hoffman		
			Name of Person	
		Hackleman, Olive & Judd,	. PA	
			Firm/Company	
		2426 East Las Olas Bouley	vard	
			Address	
		Fort Lauderdale, Florida 3	3301	
			City/State and Zip Code	
		shoffman@hojlaw.com		
			to be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please or	all:	
Stephen V.	Hoffman		954 334-2250	
	Name of	Person	at () Aica Code Daytim	e Telephone Number
Enclosed is	a check for the	· following amount:		
\$25,001	iling 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 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

PN RESTAURANT COMPANY, LLC (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 January 4, 2018 and assigned Florida document number L18000003575 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, entersthe 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

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>	Type of Action
MGR	Franz J Nicoliello	2941 E. LAS OLAS BOULEVARI	
		FORT LAUDERDALE, FL 33301	□ Remove
			■ Change
MGR	Franz Jose Parra Nicoliello	2941 E. LAS OLAS BOULEVARI	
		FORT LAUDERDALE, FL 33301	□ Remove
			Change
			Remove Remove Remove
			SSEE FLORIDA
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			☐ Change

. —									
									_
									_
									-
	<u></u>								_
						·—-	<u>-</u>		_
			<u> </u>				<u></u> _		-
									_
									_
									_
									_
 _							- NO 1		_
							in the second	œ	
						,	3:7	AN	_
							<u> </u>	(A)	_,•
							<u> </u>		ł5 }
		**					ا الله الله الله الله الله الله الله ال	PH	_["[
							<u> </u>	<u>∨</u>	_(
							FLORIDA	6.4	
						······································			_
fective date	e, if other than (the date of filir	ng:			(optic	mal)		
an effective da ora: If the d	ate is listed, the date late inserted in this	must be specific at	nd cannot be pr	ior to date el' fi Licabla etatut	ling or more tha	in 90 days after	tiling.) Pursi	uant to of	05.02 - buta
vice. II the u	ffective date on the				ery runig requ	mements, this	date will a	ior de la	Sica
		und officeive	data but	ant an offic	stiva tima	at 17.01 =			ممان
ocument's ef	ممدافاهم عرطماعه	ved enective.		ioc an ene	cuve ume,	at 12:01 a	i.m. on ti	ne eari	ner
ocument's ef e record sp	pecifies a delay								
ocument's ef e record sp	pecifies a delay day after the r		•						
e record sp The 90th	day after the r								
ocument's ef e record sp	day after the r		2018						
e record sp The 90th	day after the r								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00