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DIVISION OF CORPURATIONS

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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: The Tiki Hut Grill LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sunday Blythe
Name of Person
the Tiki Hut Grill LLC
202-1-170117
P.O. Box 470617
Address
Lake Monroe FL 32747 City/State and Zip Code
City/State and Zip Code
The tikinutarill@ancil.com E-mail address: (to be used to future annual seport notification)
For further information concerning this matter, please call:
SUDDIN BLUHOR 407, 383-5978
SUNDOY BLYTTC at (407) 383-5928 Name of Person at (407) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & B\$55.00 Filing Fee & B\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigcup \frac{1}{2} \frac{1}{
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records. bility Company))
The Articles of Organization for this Limited Liability Company we	ere filed on $1.5 \cdot 18$	and assigned
Florida document number <u>L1800000461Z</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty 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)		JEC RE
-		- 유 주 - 유주
Enter new mailing address, if applicable:		ORPC
(Mailing address MAY BE A POST OFFICE BOX)		RAIA
-		2 SE
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records,	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Cook
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	rformance of my duties, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Sunday Blythe	P.O. Box 470617	Add	
		Lake Monroe FL 32	##70 Remove	
			Change	
MGR	Guy T. Blythe	P.D. BOY 470617		
	·	P.O. Boy 470617 Lake Monroe, FL 3274	F Remove	
			Change	
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			□ Remove	
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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to obte. If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 60; the statutory filing requirements, this date will not be list
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earli
,	
ited 7:15 ZO18	
Signature of a member of authorize	ed representative of a member

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Filing Fee: \$25.00