Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FANELLI LAW FIRM, PA

Account Number : 120120000059 Phone : (813)384-4841

Fax Number : (813)749-9475

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

Email Address: jfanelli@fanellilaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & S RESTAURANT LLC

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SALY

Electronic Filing Menu

Corporate Filing Menu

Help

2018-06-26 17:39.55 (GMT) (((H18000189310 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18137499475 From: Susan Wilcox

FILED

JUN 28 My 9-14

A & S RESTAURANT LLC		· 395
	ility Company as it now appears on our records.) ida Limiled Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000042119	Company were filed on February 15, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, <u>ente</u> <u>ddress here:</u>	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	, Florida	
	Cin	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

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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>	Name	Address	Type of Action
MGR	M. Steven Sembler	5300 W. Cypress St., Ste. 200	□ Add
		Tampa, FL 33607	■ Remove
			☐ Change
		·	□ Remove
			Change T
			D'Add O D
			□ RemoveCo □ Change
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Tactive date if other than t	ne date of filing	(optional)
an effective date is listed, the date r	just be specific and cannot be prior to date of filin	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as t
ocument's effective date on the	Department of State's records.	·
e record specifies a delay The 90th day after the r		tive time, at 12:01 a.m. on the earlier of
ated	, 2018	
	Signature of a member of authorized represen	ntaive of a member
bilic V. Fanelli, Aud	orized Representative	

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Filing Fee: \$25.00