Page

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:

Maria Velez

Account Name : PLANET HOLLYWOOD INTERNATION

Account Number : I20080000100

: (407)903-5513

Eng Number

: (407) 352-7310

Please fax Confirmation to

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

Email Address: mvelez@planethollywoodintl.com

123 /MID: 02

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CG (PAYROLL), LLC

Certificate of Status	0
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S. PRATH

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ARTICLES OF AMENDMENT

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TO)	
ARTICLES OF OF	RGANIZATION	. 20
OF	•	119
CG (Payroll), LLC		2019 FEB 28 AMI
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
(A Florida Limited Lia	ibility Company)	00° 000° 000°
	2/16/2018	and assigned
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned
Florida document number L18000043178		
This amendment is submitted to amend the following:		
This amendment is sufficied to affecte the following.		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Restaurant (Payroll), LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		 -
(Principal office address MUST BE A STREET ADDRESS)		
Enternant mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi		the name of the r
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	_
	Cin	Zin 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 th 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

MGR = Manager

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

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Actio	
			☐ Add	
			Remove	
			Change	
			□ Add	
			Remove	
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			□ Remove	
			□ Change	
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f amending any other info	rmation, enter change(s) here: (Auach additional sheets, if nec	H190000 cessary.)
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Effective date, if other than	n the date of filing: (option to date of filing or more than 90 days after	tional)
Note: If the date inserted in the	his block does not meet the applicable statutory filing requirements, the Department of State's records.	ois date will not be listed a
		a.m. on the earlier:
ne record specifies a deli The 90th day after the	ayed effective date, but not an effective time, at 12:01 record is filed.	arm or the come
The 90th day after the	e record is filed.	
		2019
The 90th day after the	e record is filed.	2019 FEB 2
The 90th day after the	e record is filed.	2019 FEB 28
The 90th day after the	e record is filed.	2019 FEB 28

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