118000048396

(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do-	cument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300310450473

03/19/18--01023--005 **25.00

18 HAR 19 PN 1: 08 SECRETARY OF STATE 13.1 13945 SEE, FT ORDA

K. SALY MAR 20 2018

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: SOU	HERN VIE Name of Limit	ETNAMESE CUI ed Liability Company	SINE & Grills	Ll
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	CHUN	Name of Person		
		Firm/Company		
	2708 Guif	STream Rd.		
	Orland,	Address Address City/State and Zip Code		
Book is with any		be used for future annual report notifi	ication)	
For further information cond	cerning this matter, please ca			
Name of Po	erson	at () Area Code Daytime	Telephone Number	·
Enclosed is a check for the f	following amount:			
</td <td>□ \$30.00 Filing Fee & Certificate of Status</td> <td>□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)</td> <td>□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)</td> <td></td>	□ \$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)	
	G ADDRESS: on Section	STREET/COURING Registration Section		

Division of Corporations P.O. Box 6327

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHER (Name of the Limited	Liability Company as it now appears of A Florida Limited Liability Company)	ECUISINE 7 GRILL LE
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on	122/2018 Fand assigned T
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	gnation TLLC or the absreviation E.E.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/o	or registered office address on o	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	a street address
		, Florida
	City	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

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		FILED				
<u>Title</u>	<u>Name</u>	<u>Address</u>	FILED 18 MAR 19 PM 1: 08 SECRETARY OF STATE TALL MIASSEE, FLORIDA	Type of Action		
		**	TALL MIASSEE FLORIDA	Add		
				Remove		
				☐ Change		
				Add		
			<u></u>	Remove		
				Change		
			□ Remove			
				Change		
		 		D Add		
				Remove		
				Change		
				□ Add		
			Remove			
				Change		
				□ Remove		
				Change		

	<u> </u>		<u>.</u>				FILE	
	<u> </u>				<u> </u>	18 N	FILED ARY OF STATE SEE, FLORIO	
				- 		TAT PIET	AOV.	08
						1///	SEE ELAT	F
							··· (.apto	4
		_	-	<u> </u>				
								
								
					· · · · · ·			
						·		
				<u> </u>				
								
							· =·	
						<u>-</u>		
				···				
						-		
		·	<u> </u>	<u> </u>				
Note: If the	ate, if other than the date is listed, the date mus date inserted in this bl effective date on the D	ock does not i	neet the applic	able statutory	or more than 9 filing require	(optiona 0 days after filin ments, this dat	l) g.) Pursuant to 605 e will not be list	5.0207 (ed as t
The 90th	specifies a delayed h day after the rec	ord is filed.	,					er of:
Dated	3/14		2018	·				
_	3/14 V	Signature of	Lanchur member or auth	ogred represent	ative of a mem	ther	<u> </u>	
		111		4 4 4 4				
		1701	NA C Typed or print	ed name of sign				

Page 3 of 3

Filing Fee: \$25.00