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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	MOTOWN	EATS LLC		
			ited Liability Company '	
ه در	•	· ·		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		BARBARA GUARASCIO	,	
			Name of Person	
		MOTOWN EATS LLC		
			Firm/Company	
		1647 SUMMERDALE DR	. S.	
			Address	
		CLEARWATER FLORIDA	A 33764	•
			City/State and Zip Code	
		detroitconeyislandllc@gmai		
		E-mail address: (t	to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	ıll;	
Barbara Gua	ırascio		727 644-9494 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a	eheck for the	e following amount:		
□ \$25.00 F	Filing 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

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTOWN EATS LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L18000058923	mpany were filed on $\frac{03/06/2018}{}$ and assign	ed
This amendment is submitted to amend the following:		SECRETARY OF STATE
A. If amending name, enter the new name of the limited	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SSS)</u>	SECRE
Enter new mailing address, if applicable:	R 26 P	TARY OF
(Mailing address MAY BE A POST OFFICE BOX)	 မ	FLORID
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of iss here:	the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·	, Florida	
-	City Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:	

If Changing Registered Agent, Signature of New 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 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
AMBR	KRISTINA EVANS	1647 SUMMERDALE DR, S. CLE	Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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ective date, if other tl	han the date of fil	04/23/201 ling:		(opt	tional)
effective date is listed, the	date must be specific	and cannot be price			er filing.) Pursuant to 605.0 his date will not be listed
cument's effective date of					
			ot an effective	e time, at 12:01	a.m. on the earlier
he 90th day after t	ne record is me	u.			
		2018			
04/23			_		
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Filing Fee: \$25.00