L180000 61948

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S. PRATHER

COVER LETTER

TO: Registration So Division of Cor			
MOTHER'	SICAFE & BARILLO		
SUBJECT:	Name of Lim	hed Liability Company	
The continued backtoned	· A	actional for 450 an	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	RODRICK SMITH		
		Name of Person	
	MOTHER'S CAFE & BA		
		Firm/Company	
	10275 OLD STAUGUS		
		Address	
	JACKSONVILLE, FL 323		
	CHEFRODERICKPETE®	City/State and Zip Code	
	-	to be used for luture annual report notifi	cation)
For further information c	concerning this matter, please or		
RODERICK SMITH		912 602-4948	
Name o	of Person	Area Code Daytime	Telephone Number
·	·	•	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certaticate of Status	E' \$55.00 Filling Fed & Caracled Capy (additional copy is enclosed)	☐ \$50.00 Filing Fee, Cortificate of Status & Cortified Copy (additional copy is enclosed)
	ANG ADDRESS: ration Section	STREET/COURIE Registration Section	

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

Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tellahesuce, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

믕

MOTHER'S CAFE & BAR LLC		7.7. (,)
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	· ·
The Articles of Organization for this Limited Liability Company Florida document number L18000061948	were filed on 03/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
MOTHER'S SOUTHERN CAFE & BAR LLC		
The new name must be distinguishable and contain the words "Lit nited Liab	ility Company," the designation "I LC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRESS)		_ _ -
į ·		
Enter new mailing address, if applicable:	10275 OLD ST AUGUSTINE RD	7 903
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32257	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		er the name of the
runte of the wing method right.		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	гір Сойс

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

<u>Title</u>	Name	Address	Type of Action
			Add
	-		☐ Remove
	•		
			Remove
			Change
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