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COVER LETTER

Division of Corp			
T&R REST	AURANTS LLC		
SUBJECT:	Name of Limited Lia	ability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted	for filing.	
Please return all correspon	ndence concerning this matter to the	following:	
	JAMES R GRAY		
		Name of Person	
	T&R RESTAURANTS LLC		
		Firm/Company	
	12300 SOUTH SHORE BLVD	UNIT 110	
	<u>-</u> .	Address	
	WELLINGTON, FL 33414		
		/State and Zip Code	-
	TAMMY@TRDEVELOP.COM E-mail address: (to be us	sed for future annual report notifi	cation)
For further information ec	oncerning this matter, please call:	·	
(JAMES GIR	the second	(0)
Name of	FOB -	at 54 225.4	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUR RESTA		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/05/2018</u>	and assigned
Florida document number L18000086889		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_	
		AUG AUG
		TAR OF C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		∾
		AII O
		9 ***
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
N. CM. D. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
<u></u>	, Flori	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMER MARUKIC	6713 EAGEL RIDGE DRIVE	= Add
		WEST PALM BEACH, FL 3341	Remove
			Change
			Add
			Remove
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Note:	ve date, if other than the date of filing:	ant to 605.0. tot be listed	207 (3) as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	ne earlier	of:
Dated	7.30 . 2018		
	()		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00