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DATE:

5/29/20

NAME: FLORIDIAN RESTAURANT ULMERTON, LLC

TYPE OF FILING: AMENDMENT

25.00

COST:

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| то: | Registration Se Division of Cor | | | | | |
|-----------|------------------------------------|--|---|---|--|--|
| CHIN III | | FLORIDIAN RESTAURANT ULMERTON, LLC | | | | |
| SUBJE | UI: | Name of Lim | ited Liability Company | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | HAROLD J SELTZER | | | | |
| | | | Name of Person | | | |
| | | THE CINNAMON GROU | P,LLC | | | |
| | | | Firm/Company | | | |
| | | 3500 TYRONE BOULEV | ARD | | | |
| | | | Address | | | |
| | | ST. PETERSBURG, FL 33 | 3710 | | | |
| | | | City/State and Zip Code | ······································ | | |
| | | hjs@tampadsl.net | | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | | |
| For furt | her information c | oncerning this matter, please c | all: | | | |
| HAROI | LD J SELTZER | | 813 787-3224 | | | |
| | Name o | f Person | at () Area Code Daytii | me Telephone Number | | |
| Enclose | d is a check for the | ne following amount: | | | | |
| ■ \$25 | 5.00 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 Addres Registration S | Section | Street Address: Registration Se | | | |
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| | P.O. Box 632 | | The Centre of | 1 allanassee | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compar | ny were filed on ⁸ | MAY 9, 2018 and assigned | | |
|---|-------------------------------|--|--|--|
| Florida document number L18000116208 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company | <u>here</u> : | | |
| HSMICLW, LLC | | | | |
| he new name must be distinguishable and contain the words "Limited Lie | ability Company," the | designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 3500 TYRON | 3500 TYRONE BOULEVARD N | | |
| Principal office address MUST BE A STREET ADDRESS) | ST. PETERSI | ST. PETERSBURG, FL 33710 | | |
| | | | | |
| | | | | |
| Inter new mailing address, if applicable: | 3500 TVRON | E BOULEVARD N | | |
| Mailing address MAY BE A POST OFFICE BOX) | ST. PETERSBURG, FL 33710 | | | |
| | | JONG, 12 33710 | | |
| 3. If amending the registered agent and/or registered office and/or the new registered office address here: | e address on our | records, enter the name of the new regist | | |
| Name of New Registered Agent: HAROLD J | HAROLD J SELTZER | | | |
| New Registered Office Address: 3500 TYROI | NE BOULEVARD | N | | |
| | Enter F | lorida street address | | |
| ST, PETERS | BURG | , Florida ³³⁷¹⁰ | | |
| | 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 Address | AT 29 Ai Type of Action |
|--------------|------------------|--------------------------|-------------------------|
| MGR | HAROLD J SELTZER | 3500 TYRONE BOULEVARD N | |
| | | ST. PETERSBURG, FL 33710 | □Remove |
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| fective date, if other than the dat | JUNE 1, 2020 | (anti- | |
| fective date, if other than the date in effective date is listed, the date must be ste: If the date inserted in this block cument's effective date on the Department. | specific and cannot be prior to d does not meet the applicable | late of filing or more than 90 days after e statutory filing requirements, this | filing.) Pursuant to 605.020 date will not be listed a |
| ecord specifies a delayed effective da is filed. | te, but not an effective time, | , at 12:01 a.m. on the earlier of: (b | The 90th day after the |
| ted MAY 28 | ; 2020 | | |
| | Mod Will | ed representative of a member | |

Filing Fee: \$25.00