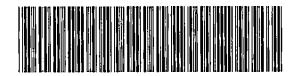
## 11800)134847

(Rec	questor's Name)	
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

SUBJECT:		ND RESTAURANT GROWT	TH CONSULTANTS, LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		GEOFFREY STILWELL		
		<del></del>	Name of Person	<del> </del>
		BOWMARK LLC		
		-	Firm/Company	
		57 TIMBERLAND CIR S		
		<del></del>	Address	
		FORT MYERS FL 33919		
		BOWMARKLLC@GMAII	City/State and Zip Code L.COM	
		<del>-</del>	to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please ca	nil;	
GEOFFREY	' STILWELI		239 896-5225 at ()	
_	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>⊟</b> \$25.00 F	iling 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)

,

TO:

Registration Section
Division of Corporations

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

		ROWTH CONSUL				
(Name of the Limited	l Liability Compa V Florida Limited I	ny as it now appears ( liability Company)	on our records.)	_		
The Articles of Organization for this Limited Lia lorida document number L18000134847	bility Company	were filed on 05/3	0/2018	<del></del>	and ass	signed
his amendment is submitted to amend the follow	ving:					
a. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :			
RESTAURANT AND RETAIL GROWTH CONSU						
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the des	ignation "LLC" or the		ation "L	.L.C."
Enter new principal offices address, if applica	ble:	N/A		<u> </u>		
Principal office address MUST BE A STREET ADDRESS)				··· ·	); 	
				j. m	 l_	=
Enter new mailing address, if applicable:		N/A		-1 - 	** **	
Mailing address MAY BE A POST OFFICE B	30X)			7	<u> </u>	
Walting address MAT BE A FOST OF FICE BOSY				>		
3. If amending the registered agent and/o egistered agent and/or the new registered off	er registered o ice address her	ffice address on e	our records, <u>ent</u>	er the	name	of the
Name of New Registered Agent:	LC					
New Registered Office Address:	57 TIMBERLA	AND CIR S				
7.0 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Enter Florid	la street address			
	FORT MYERS	S	, Florida	33919	)	
		City	<del>,,</del> , = ==== : <del>====</del> .		ip 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□ Add
			□ Remove
			☐ Change
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			Remove
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ffective date, if other than than effective date is listed, the date in	e date of filing	;:	u data af Elica		_ (optional)	D	- (05.03(
tote: If the date inserted in this b	block does not m	eet the applica	ble statutory	iling requireme	ents, this date v	vill not be	e listed a
ocument's effective date on the l	Department of St	tate's records.					
e record specifies a delaye The 90th day after the re		ate, but not	an effectiv	e time, at 1	2:01 a.m. c	⊓ the e	arlier o
09/17 ated		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00