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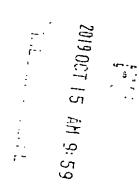
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COVER LETTER

FO: Registratior Division of C	i Section Corporations		
KR CAI SUBJECT:	PONE'S MANAGEMENT, LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Daniel P. Kearns		
		Name of Person	
	Kearns Restaurant Group		
		Firm/Company	
	2225 First Street, Suite 20	1	
		Address	
	Fort Myers, FL 33901		
	Corporate@KRGdining.cor	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further informatic	on concerning this matter, please c	ail:	
Zak Kearns		954 551-0706 at ()	
Nan	ne of Person	at () Area Code Daytime	: Telephone Number
inclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

KR CAPONE'S MANAGEMENT, LLC (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 Company were filed on $\frac{08/07/2018}{}$ and assigned Florida document number L18000188809 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Capone's Management, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 5 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CFI ڥ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	Michael B. McGuigan	2225 First Street, Suite 201 Fort Myers, FL 33901	= Add
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Effective date, if other than th	ne date of filing:	(optional)
It an effective date is listed, the date in	tust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.020 le statutory filing requirements, this date will not be listed a
ne record specifies a delay The 90th day after the re		an effective time, at 12:01 a.m. on the earlier o
October 10 Dated	2019	
		· >1/1/2
		zed representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00