# L18000195911

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FILED

K SALY SET 17 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 386305 4337964

AUTHORIZATION

COST LIMIT : 1/\$\25.00

ORDER DATE: September 13, 2018

ORDER TIME : 9:19 AM

ORDER NO. : 386305-005

CUSTOMER NO: 4337964

### DOMESTIC AMENDMENT FILING

NAME: MARSHALL RESTAURANT FLORIDA

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

# **COVER LETTER**

TO: Registration Se Division of Cor			
	LL FLORIDA RESTAURAN	LFTC	
SUBJECT:	Name of Lin	ited Liability Company	<del>-                                    </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARTIN H. BLANK, JR		
		Name of Person	
	LAW OFFICES OF MAR	TIN H. BLANK, JR.	
		Firm/Company	<u> </u>
11355 WEST OLYMPIC BOULEVARD, SUITE 300			
		Address	
	LOS ANGELES, CA 9000	54	
		City/State and Zip Code	
	MARTY@MBLANK.COM		<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
MARTIN H. BLANK, J	R.	310 736-1617 at ( )	
Name o	f Person		· Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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



## MARSHALL RESTAURANT FLORIDA 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 AUGUST 14, 2018	and assigned	
Florida document number L18000195911			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility 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:	ROBERTA K. MARSHALL		
(Principal office address MUST BE A STREET ADDRESS)	21452 SAN BERNARDO		
(Time par office was 250 ) 250 250 250 250 250 250 250 250 250 250	MISSION VIEJO, CA 92692		
	21452 SAN BERNARDO		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	MISSION VIEJO, CA 92692		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori		
	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>	Name	<u>Address</u>	Type of Action
AMBR	ROBERTA K. MARSHALL, TRU:	21452 SAN BERNARDO	Add
		MISSION VIEJO, CA 92692	□ Remove
			■ Change
AMBR	SHELDON MARSHALL, TRUSTI	21452 SAN BERNARDO	□ Add
		MISSION VIEJO, CA 92692	■ Remove
			Change
			THE Remove TILE D
			☐ Change
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			□ Change

• •	rending any other information, enter change(s) here: (Attach additional sheats, if necessary.) FILED  18 SEP 14 AH 5: 1
	Star AH 5: 1
•	SLORE AM 5: 1, TALLAHASSEE, FLORIDA
•	TO SEE, FLORIDA
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(If an eff Note:	tive date, if other than the date of filing:
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Roberta K Marshall Signature of a member or authorized representative of a member
	Roberta K Marshall
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00