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COVER LETTER

TO: Registration Section Division of Corporations					_
SUBJECT: Johny	Cakes & G	Heaks Hamest	yle Res	tavant	71
The enclosed Articles of Amendment	and fee(s) are submitted	for filing.			
Please return all correspondence cond	erning this matter to the	following:			
<u>Ja</u>	ihn H. E	Jen W Name of Person			
Ed	ien Law	Firm/Company P.A.			
21	1 N. Apop	Ka Lve.		53	
In	verness, Z	L 34450 /State and Zip Code	· · · · · · · · · · · · · · · · · · ·	IN SEP	4000
at	tyeden Qe	Ed Po. Com Sed Continue annual report notification)	-6 PH	
For further information concerning th	is matter, please call:			20 2	1
John H. Ed	en II	at (<u>352</u>) <u>726-1</u> Area Code Daytime Telep	224 hone Number	- - - - - - - - - - - - - -	
Enclosed is a check for the following	amount:				
	Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status &	
MAILING ADDR	ESS:	* STREET/COURIER AI	DDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHINY CAKES & STEAKS HOMESTYLE RESTAURANT, 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 08/28/2018	and assigned		
Florida document numberL18000206129	The first on	ma assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
JOHNNY CAKES & STEAKS HOMESTYLE RESTAURANT, LLC	•			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbi	eviation "L.L.C."		
Enter new principal offices address, if applicable:	859 U.S. Hwy 41 South			
(Principal office address MUST BE A STREET ADDRESS)	Inverness, FI, 34450			
Enter new mailing address, if applicable:		20 Ze		
(Mailing address MAY BE A POST OFFICE BOX)		re s n		
		3/2 <u>1</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he nàme el the flei		
	-			
Name of New Registered Agent:		- Fr N		
Name Danieta and Office Addresses				
New Registered Office Address:	Enter Florida street address			
	Florida			
	Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and Ethis document is		

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 Type of Action <u>Title</u> Name <u>Address</u> _ 🗆 Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove 2010 & EP - 6

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15. Cham & EP - 6 Rêmova N. 17 Dry 17 _□ Add □ Remove ☐ Change □ Add ☐ Remove

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ffective date, if other than an effective date is listed, the date (ote: If the date inserted in the ocument's effective date on the	must be specific is block does no	and cannot be protect the app	licable statuto			
e record specifies a dela The 90th day after the			not an effec	itive time, at :	12:01 a.m. o	n the earlier o
September 5		2018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00