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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Dusings Estity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | Corporations | | |
|-----------------------------------|---|---|--------------------------|
| SUBJECT: | GARAGE RES | STAURANT ANG ited Liability Company | LOUNGE LLC |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | DAMIE | N D. WIBGIN | ·s |
| | | Name of Person | |
| | | Firm/Company | |
| | Po | Box 40121 | |
| | | Thin/Company Do Box 4012/ Address ST. Petersburg FL 33743 City/State and Zip Code E-mail address: (to be used for future annual report notification) matter, please call: 155 at (727) Area Code Daytime Telephone Number 161 ing Fee & Seate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (additional copy is enclosed)) | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual repo | rt notification) |
| For further information | n concerning this matter, please ca | all: | |
| DAMIEN | D. WIGGINS | at (<u>727)</u> | 87-6072 |
| Nan | e of Person | Alea Code D | ayame receptione rantoer |
| Enclosed is a check for | or the following amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & |

MAILING ADDRESS:

Registration Section

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

| GARAGE RESTAURAN | IT AND LOUNGE LLC | . |
|--|---|----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number | ere filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company: the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO BOX 40121 STPETERSBURG, FL | 33743 |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | ce address on our records, <u>enter</u> | |
| Name of New Registered Agent: | | 729 PH |
| New Registered Office Address: | Enter Florida street address | N 2 |
| | Florida | |
| | 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|----------|----------------|
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| 2. Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date | than the date of filing the date must be specific and d in this block does not n e on the Department of S | neet the applicable statu | filing or more than 90 da tory filing requiremen | (optional) ys after filing.) Pursuant to its, this date will not be | 605.020 listed a |
| f the record specifies a b) The 90th day afte | i delayed effective c r the record is filed. | late, but not an eff | ective time, at 12 | :01 a.m. on the ea | arlier (|
| Dated <u>D-19</u> | - 19 | | | | |
| | | | | | |

Page 3 of 3

Filing Fee: \$25.00