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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: JER	Ry's Tiki Bar at Name of Lin	Waterside Grill, Li	LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JER	Name of Person	
	JERRY! TIK	Bar AT Waterside	Grill, uc
	15001 GAS	SPARILLA Rd. Address	Grill, ux  100 Jul 22 PH 3:  Gration)  724  Telephone Number
	Placida,	FL: 33946 City/State and Zip Code	
	E-mail address: (	11 1 200 mail. Com	fication)
For further information e	oncerning this matter, please c	all:	
JERRY Name o	MCCAII f Person	at (941) 697 - C Area Code Daytime	2724 e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sec	ction
Division of C P.O. Box 632	-	Division of Corp The Centre of T	-
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JERRYS TIKIBAT AT WA  (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)			
The Articles of Organization for this Limited Liability Company were	filed on October 22,.	2018 and assigned		
Florida document number <u>L 18000247889</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	ompany here:			
Smokin JERRY'S TIKI BAT & Grill, The new name must be distinguishable and contain the words "Limited Liability Con	LLC  apany," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		2		
		33		
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 agent and/or the new registered office address here:  Name of New Registered Agent:	s on our records, enter the na	me of the new register	<u> ec</u>	
New Registered Office Address:				
New Registered Office Additess.	Enter Florida street address			
	, Florida _			
Ci New Registered Agent's Signature, if changing Registered Agent:	(y	Zip Code		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performance.			he	

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
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	the date must be specific	and cannot be prior t	o date of filing or me	ore than 90 days afte	r filing.) Pu	rsuant to 6	05.0207
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Filing Fee: \$25.00