

U18000252791

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000040248 3)))



H190000402483AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GIBBONS, NEUMAN, BELLO, SEGALL, ALLEN & MALLOP, P.A.
Account Number : I20000000178
Phone : (813) 877-9222
Fax Number : (813) 877-9290

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: wesfelder@gmail.com

2019 FEB -4 PM 12:10

FILED
2019 FEB -4 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WESTAURANT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. CLINE
FEB - 5 2019
EXAMINER

(((H19000040248 3)))

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** WESTAURANT GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY A. GIBBONS, ESQUIRE

Name of Person

GIBBONS NEUMAN

Firm/Company

3321 HENDERSON BLVD.

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

wesfelder@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY A. GIBBONS

Name of Person

813 877-9222
at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 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

(((H19000040248 3)))

FILED
2019 FEB -4 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H19000040248 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTAURANT GROUP, 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 October 26, 2018 and assigned
Florida document number L18000252791

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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

City, Florida

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

(((H19000040248 3)))

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>	<u>Address</u>	<u>Type of Action</u>
CEO	THOMAS W. FELDER, III	1505 South Desoto Avenue #21 Tampa, FL 33606	☐ Add ☒ Remove ☐ Change
AMBR	THOMAS WESLEY FELDER, JR.	95161 Raintree Lane Fernandina Beach, FL 32034	☐ Add ☒ Remove ☐ Change
MGR	THOMAS WESLEY FELDER, III	1505 South DeSoto Avenue #21 Tampa, FL 33606	☒ Add ☐ Remove ☐ Change
MGR	THOMAS WESLEY FELDER, JR.	95161 Raintree Lane Fernandina Beach, FL 32034	☒ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

2019 FEB 4 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H19000040248 3)))

(((H19000040248 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Company shall be a Manager-Managed limited liability company. The Initial Managers are:

Thomas Wesley Felder, III and Thomas Wesley Felder, Jr.

FILED
2019 FEB -4 AM 9:29
CLERK OF DISTRICT
CLERK OF DISTRICT
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

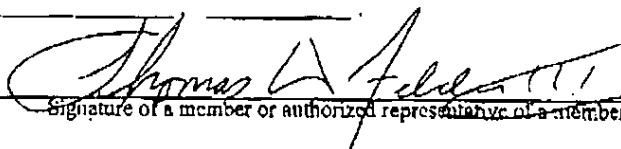
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

1/31

2019


Signature of a member or authorized representative of a member

Thomas Wesley Felder, III

Typed or printed name of signer