118000253702

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Amendicc

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COVER LETTER

TO: Registration Division of	n Section Corporations	
	TREET RESTAURANT, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Deborah Love	
	Name of Person Friedman, Rosenwasser & Goldbaum, P.A.	
	Firm/Company 7280 W. Palmetto Park Rd., Suite 202	
	Address Boca Raton, FL 33433	
	City/State and Zip Code dlove@frglaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Deborah Love	561 404-8755 at ()	
Nai	me of Person Area Code Daytime Telephone Number	
Enclosed is a check for	for the following amount:	
□ \$25.00 Filing Fee	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

55th STREET RESTAURANT, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on October 1, 2	018 and assigned
Florida document number L18000253702	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
		三三三二
		70 11 1 E
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		PH L
		<u> </u>
		100
B. If amending the registered agent and/or reginered agent and/or the new registered office ad-		cords, enter the name of the
egistered agent and/or the new registered writer ad-	ures nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	nddress
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	John Kunkel		
AMBR		7350 BiscayneBlud. Mig	bbA 🖹 imr
		FL 33	138
			☐ Remove
			L Kemove
		··	Change
			□ Add
			☐ Remove
			
			Characa
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this blument's effective date on the D	st be specific and o lock does not me	cannot be prior cet the applica	o date of filing oble statutory f	or more than 90 ciling requireme	_ (optional) lays after filing.) ents, this date v	Pursuant to 605.0 vill not be listed
record specifies a delayed he 90th day after the rec		ate, but not	an effectiv	e time, at 1	2:01 a.m. c	n the earlier
ed November 28	,	2018	<u> </u>			
Runal	4 Y		ar Ja k	la t		

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Typed or printed name of signee

Filing Fee: \$25.00