# L18000274769

(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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# **COVER LETTER**

Division of Corporations	
SUBJECT: Restaurant Country Awarens  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:	
MAHL Rosen Name of Person	
Haw I Fulf Const Diving ClyBLL	<u> </u>
P.O. BOX 455 481	
Part Charlotte F/ 33949 City/State and Kip Code	
WAVK 222 B WAC - COM E-mail address: (to be used for future annual report notification)	G - 3.4
For further information concerning this matter, please call:	833 - FEB
MAVIL 12 oSew at (941) 626-5451  Name of Person Area Code Daytime Telephone Number	HED SHOOT S
Enclosed is a check for the following amount:	STATE DRATION 2: 53
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificat	tatus &

MAILING ADDRESS:

TO:

**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

	OF	6
	ompany as Know appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 18000274</u>	pany were filed on <u>No 0 28, 1</u> 769	8 and assigned 73
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  Coast 7, y, y 9  The new name must be distinguishable and contain the words "Limited  Enter new principal officer address if applicables."		bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS.)		
		<u>.                                    </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		the rows of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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n effe	ve date, if other than the date of filing: (optional) ctive 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 60	5.02
_	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list int's effective date on the Department of State's records.	ted.
Curric	in a creenive date on the Department of State a records.	
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	ier
TL - 4	00kb day after the	
ited _	2/11/9  Mark Rode  Signature of a member or authorized representative of a member  MARK Rode  Typed or printed name of signee	
_		
	Mark Kost	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00