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JUL 0 7 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pescatore Pestaurant 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:
San Goyer Name of Person
Name of Person
Pescatore Restaurant Group LLC Firm/Company
1606 N DIXIC HWY Address
West Palm Beach, FL 33407 City/State and Zip Code Pescatorewpb@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
San Gucc at (303) 999 9948 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Parad Previous (\$25.00 Filing Fee & \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certi
(additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rescatore Kest	tourant Group LLC	
(Name of the Limited L. (A F	Jability Company as it now appears on our records.) Torida Limited Liability Company)	
	lity Company were filed on 01/07/201	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
·	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable		<u> </u>
(Principal office address MUST BE A STREET A)	(DDRESS)	> 1 —
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)	ED 6 AM II: 47
Name of New Registered Agent: New Registered Office Address:	San Guyer 1600 N Dixie Hwy Enter Florida street address West Palm Besch Florida	

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
ACENT	DonaldThomas	165 E Palmetto Rd	🗆 Add
		Suite 200	Remove
		Suite 200 Boca Raton, FL 3343?	□Change
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			□Remove
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		SS.	□Add
		TALLI AHA	Change
		AHASSEE, FL	□ Change □ Change □ Add
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Effective date, if	other than the date	of filing	ı :			(optional)		
f an effective date is	listed, the date must be spinserted in this block do	ecific and	cannot be pr			than 90 days	after filing.)		
	ive date on the Departm				utory ming	equirement	s, tills date	will not	oe nsteu
-	a delayed effective date.	, but not	an effective	e time, at 12	2:01 a.m. on	the earlier	of: (b) The	90th da	y after th
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Dated 29	June		202	0					
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