

L19 000000 9044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

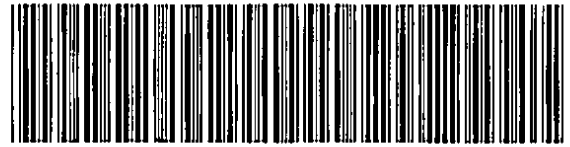
(Business Entity Name)

(Document Number)

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S. CHATHAM  
OCT 10 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL 19 PM 3:27

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PESCATORE RESTAURANT GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CENK SEZEN  
Name of Person

PESCATORE RESTAURANT GROUP LLC  
Firm/Company

1600 N DIXIE HWY  
Address

WEST PALM BEACH, FL 33407  
City/State and Zip Code

PESCATOREWPB@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CENK SEZEN at ( 561 ) 701-1922  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

PESCATORE RESTAURANT 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 01/07/19 and assigned Florida document number L19000009044

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 "LLC."

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)

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**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:

LENK SEZEN

New Registered Office Address:

1600 N DIXIE HWY

Enter Florida street address

WEST PALM BEACH, Florida

City

33407

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CENK SEZEN	1600 N DIXIE HWY	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input type="checkbox"/> Remove
		33407	<input checked="" type="checkbox"/> Change
			22 JUN 19 PM 3:27
			SECRETARY'S DIVISION OF COMPTON
			FILED
MGR	CENK SEZEN	1600 N DIXIE HWY	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input type="checkbox"/> Remove
		33407	<input type="checkbox"/> Change
MGR	SAN GUYER	1600 N DIXIE HWY	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input type="checkbox"/> Remove
		33407	<input type="checkbox"/> Change
AMBR	SAN GUYER	1600 N DIXIE HWY	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input type="checkbox"/> Remove
		33407	<input type="checkbox"/> Change

\* MAKE CENK SEZEN MANAGER AND REGISTERED AGENT. ☐ Add ☐ Remove

SAN GUYER BECOMES JUST A MEMBER ☐ Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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07/14/2022

**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.

Dated 07/14 2022

SAN GUYER

Typed or printed name of signee