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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: PESC	ATORE	RESTA Name of Limit	kひとれ、して GRe ed Liability Company	02,LLC	
The enclosed Articles of a	Amendment and fi	ec(s) are subm	nitted for filing.		
Please return all correspor	ndence concerning	g this matter to	o the following:		
	CENK	SEZ	Name of Person		·
	PESCAT	ore p	PESTAUPANT Firm/Company	GROUP,	22
	1600 N	DIXIO	E HWV		
	WEST	PALM	REACH, FL City/State and Zip Code	33407	
	PESCA	ATORES (16	NPB @ GHA be used for future annual	report notification)	<u>/</u>
For further information co	oncerning this ma	tter, please ca	11:		
CENK Name of	SEZEN Person	1	at (561)	Daytime Teleph	7_2one Number
Enclosed is a check for the	ne following amou	int:			
S25,00 Filing Fee	(Il \$30,00 Fili Certificate		[]] \$55.00 Filing Fee & Certified Copy tadditional copy is ene		\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S			<u>Street A</u> Registr	ddress: ation Section	
Division of C				n of Corporati	ons
P.O. Box 632	•		The Ce	ntre of Tallaha	issee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PESCATORE RESTAURANT GROUP LLC

(<u>Name of the Limite</u> (d Liability Company : A Florida Limited Liab	as it now appears on our records.) ollity Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L1900000</u>	and the second s	ere filed on <u>01/07/20</u>	t ६_ and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and contain the wo	nds "Limited Fiability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	TADDRESS)		AUG
	-		<u> </u>
Enter new mailing address, if applicable:			AH 10
(Mailing address MAY BE A POST OFFICE I	<u>30N)</u>		: 25 25
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		
Name of New Registered Agent:		SEZEN	
New Registered Office Address:	1600 N	DIXIE HWY Enter Florida street address	
	WEST Pai	W BEACH, Florida	23407 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>	Type of Action
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cord specifies a delayed s filed.				a.m, on the ear	ier of: (b) Th	e 90th day after	r the
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