# 190000 9888

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## **COVER LETTER**

TO: Registration S Division of Co				
	TE CHOP OF YANKEETOW	N LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
	Amendment and fee(s) are sub	_		
Please return all corresp	ondence concerning this matter	to the following:		
	RICHARD MUTARELLI	JR.		
	SCHATT HESSER McGR	Name of Person	•	
		Firm/Company		
	328 NE 1ST AVENUE, SI	JITE 100		
		Address		
	OCALA, FL 34470			2019_   7019_
	RMUTARELLI@SCHATT	City/State and Zip Code 'HESSER.COM		
	E-mail address: (	to be used for future annual report notific	cation)	
For further information	concerning this matter, please co	all:		- L^
STEVE RUDNIANYN		352 8040334	;	
Name	of Person		Telephone Number	_
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & Py
Regist Divisi	ANG ADDRESS: ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MODERATE CHOP OF YANKEETOWN 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 1/08/19 and assigned

Florida document number 1/19000009888

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MODERATE CHOP OF PEARL BRITAIN LLC

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)

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:

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

MGR = 1 AMBR =	Manager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Ghange
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(Han e	tive date, if other than the date of filing: (optional)  ffective 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 the filing of the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	o05.0207 (3)(l
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	isted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	rlier of:
Dated	d JANUARY 25	
	$\mathcal{N}_{-}$	
	Signature of a member or authorized representative of a member	
	Richard Mutaelli Tr.	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00