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COVER LETTER

Division of Cor	porations		
AQ SUBJECT:	SR HOMESTEAD, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PATRICIA P RHINE		
·	AQSR KEY WEST	Name of Person	
	5409 OVERSEAS HWY SU	Firm/Company UITE 382	
	MARATHON, FLORIDA 33	Address 050	
	PPEARCE313@GMAIL.CO	City/State and Zip Code M	
	E-mail address; (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
PATRICIA P RHINE		305 451-0561	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	ne following amount: 100.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQSR HOMESTEAD, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record; d Liability Company)	<u>«.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 2-11-2019	and assi
Florida document number L19000040691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:		. 20
(Principal office address MUST BE A STREET ADDRESS)		
	· ·	這 彭
	 	
Enter new mailing address, if applicable:		H.
•••		
Mailing address MAY BE A POST OFFICE BOX)		
		<u>'', '</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		enter the name of
New Registered Office Address:		
	Enter Florida street address	y.
	. Fle	orida
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type c
AMBR	ATLANTIC QSR GROUP, LLC		Adc
		5409 OVERSEAS HWY #382	LI 700
		MARATHON FL 33050	Rem
			Chan
AMBR	GMP QSR INVESTMENTS, LLC		
		5409 OVERSEAS HWY #382	Add
•		MARATHON, FL 33050	≅ Remov
			Change
AMBR	SMOOTH SEAS HOLDINGS LLC	1570 EASTWARD HO LN	Change
		MARATHON FL 33050	Add
			Remove
			☐ Change
			□ Add
			Remove
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Effecti (If an effe	ve date, if other than the date is listed, the date in this late in this court is affective date on the	must be specific an	id cannot be prior t meet the applica	o date of filing or mo ble statutory filing	(optiona re than 90 days after fili requirements, this da	ng.) Pursuant to 605
Note:	ent's effective date on the					
<u>Note:</u> docume he rec	ord specifies a delay	yed effective of record is filed.	date, but not	an effective ti	me, at 12:01 a.m	n. on the earli
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Page 3 of 3

Filing Fee: \$25.00