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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: ALL STARRZ RESTAURANT + Louise LEC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. And Person All STARR Z Pestagrant Louge Cle Firm Company Address Jacksonville Florida 32207 City/State and Zip Code All START 2019 Q gmuil, Com E-mail address to be used for future annual report notification) formation concerning this matter, please call: Am eer L. Plummen at 904 545 -6012 Name of Person Check for the following amount:
	SAMEER L Plummer
	Name of Person ALLSTARRZ RESTAURANT & Louige LLC Firm Company
	1865 ROCK MONT STREET JAMES
	JACKSONVIlle FLORIDA 32207
	allstartz 2019@gmail, com
For fu	ALL STARRZ RESTAURANT + Lounge LEC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: Sameer L. Plunmer Name of Person ALL STARRZ RESTAURANT + Lounge LLC Firm Company Blos Rock Mont Street Flouries Jack Sanville Flourida 32207 City/State and Zip Code All STARZZ 2019@ gmuil, CD M E-mail address (to be used for future annual report nonfication) ormation concerning this matter, please call: Ameer L. Plunmer at 904, 545 - 6012 Name of Person Area Code Daytime Telephone Number check for the following amount: ing Fee \$\Bigsim \$30.00 \text{ Filing Fee & Certificate of Status & Certificate Copy} \$\Bigsim \$\Bigsim \text{Soloof Filing Fee & Certificate of Status & Certificate Copy} \$\Bigsim Soloof Filing Fee & Certificate of Status & Certifica
	Division of Corporations T: ALL STARRZ RESTAURANT + Lounge Like Name of Limited Lubility Company Osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: SAMEER L Plunner Name of Person ALLSTARRZ RESTAURANT + Lounge Like Firm Company BloS ROCK MONT STREET Address Jack Sonville Florida 32207 City/State and Zip Code AllSTARZZ 2019@ gmuil, CD m E-mail address to be used for future annual report notification) et information concerning this matter, please call: SAMEER L Plunner at 904, 545 - 60/2 Name of Person Area Code Day time Telephone Number I is a check for the following amount: Of Filing Fee
Enclos	ed is a check for the following amount:
5 2	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	3
ALL STARRZ RESTAURANT & LOUNGE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	2019: 3.10 FM W. 42
The Articles of Organization for this Limited Liability Company were filed on $02/27/20/9$ and assigned Florida document number $1/9000057697$.	6 84
This amendment is submitted to amend the following:	£. ~
A. If amending name, enter the new name of the limited liability company here:	· 2.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 32707	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Z865 Rock Mont Street JACKSONVILLE FLORI dA 3220.7	
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 Office Address: Z86.5 ROCK MONT STREET. Enter Florida street address JACK SON VILLE Florida 32207 Cap Zap 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	

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
MGR	SAMEER L PLUMMEN	2865	ROCK MONT	□ Add
		STREET	Jack Sonvil	12 Remove
		FLORIDA	32207	🗹 Change
<u>MGR</u>	DANIELLE PLUMMER	2865 n	ock Munt	
			Acksonville	
		Flurida	32267	Change
				☐ Remove
				Change
			·	Remove
				Change
				🗆 Add
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an eft Note:	ive date, if other than the date of filing: 04/26/2019 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as earl's effective date on the Department of State's records.
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	04/20/2019
)ated	Sho ton-
Oated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00