

L19000057697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

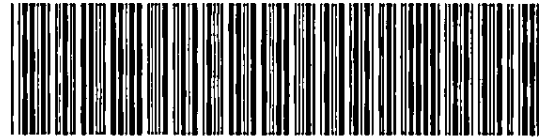
(Document Number)

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Certificates of Status _____

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116.000

Amend

MAY 21 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLSTARRZ RESTAURANT & Lounge LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMEER L PLUMMER
Name of Person
ALLSTARRZ RESTAURANT & Lounge LLC
Firm Company
2865 ROCKMONT STREET JAX FL
Address
JACKSONVILLE FLORIDA 32207
City/State and Zip Code
ALLSTARRZ2019@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMEER L. PLUMMER at 904 545-6012
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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:
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

ALLSTARRZ RESTAURANT & LOUNGE 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 02/27/2019 and assigned
Florida document number L19000057697.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2865 ROCKMONT STREET
JACKSONVILLE FLORIDA
32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2865 ROCKMONT STREET
JACKSONVILLE FLORIDA
32207

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:

2865 ROCKMONT STREET
Enter Florida street address
JACKSONVILLE Florida 32207
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

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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

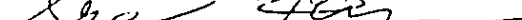
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMEE R L PLUMMER	2865 ROCKMONT	<input type="checkbox"/> Add
		STREET JACKSONVILLE	<input type="checkbox"/> Remove
		FLORIDA 32207	<input checked="" type="checkbox"/> Change
MGR	DANIELLE PLUMMER	2865 ROCKMONT	<input type="checkbox"/> Add
		STREET JACKSONVILLE	<input type="checkbox"/> Remove
		FLORIDA 32207	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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 04/26/2019


Signature of a member or authorized representative of a member

SAMEER L. PLUMMER
Typed or printed name of signee