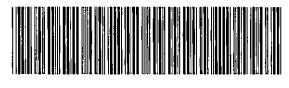
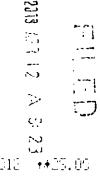
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(City/State/Zip/Phone #)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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Office Use Only

COVER LETTER

Divisio	on of Corp	orations			
		AN GRILL CATTLE COMPA	NY, LLC		
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed A	articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return al	ll correspor	ndence concerning this matter t	o the following:	· ·	ارا درا
	-	JASON D. SLATER, ESQ.		::	21.154 61.15
			Name of Person	£72.	· 🗀 :-
		ROSSWAY SWAN TIERN	NEY BARRY LACEY & OLIVER,	P.L.	> =
		<u></u>	Firm/Company		, N
		2101 INDIAN RIVER BLV	• •	3	يَنَ اللَّهُ اللَّهِ
			Address		
		VERO BEACH, FL 32960			
		JSLATER@ROSSWAYSW	City/State and Zip Code /AN.COM	<u>, , , , , , , , , , , , , , , , , , , </u>	
		E-mail address: ()	to be used for future annual report notif	ication)	
For further info	ormation c	oncerning this matter, please ca	all:		
JASON D. SL	ATER, ES	Q.	772 231-4440		
	Name o	f Person	Area Code Daytimo	Telephone Number	
Enclosed is a c	theck for th	ne following amount:			
■ \$25.00 Fil		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

MAILING ADDRESS:

Registration Section

TO:

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

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable state ument's effective date on the Department of State's records.	filing or more than 90 days at story filing requirements, t	o tional) der filing.) P his date wi	ursuant to 6 ill not be l	505.020 isted a
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	fective time, at 12:01	l a.m. or	า the ear	rlier o
ed APRIL / O 2019				
Jacon				

Page 3 of 3

Filing Fee: \$25.00