L19000088826

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Amend

MAY 2 L 2019

I ALBRITTON

COVER LETTER

	egistration Sec ivision of Corp			
GUD LE CO	DILLY KEY	r RESTAURANT HOLDING	LLC	
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of /	Amendment and fee(s) are subi	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		JAMES S. LUPINO, ESQU	JIRE	
			Name of Person	
		HERSHOFF LUPINO & Y	'AGEL, LLP	
			Firm/Company	
		88539 OVERSEAS HIGH	WAY	
		 	Address	
		TAVERNIER, FL 33070		
		City/State and Zip Code		
		E-mail address: (1	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	ill:	
JAMES L	UPINO		305 852-8440	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	e 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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DILLY KEY RESTAURANT HOLDING LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lir	ompany as it now appears on our records. inted Liability Company)	,
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000088826</u>	pany were filed on 03/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	201
•		
Enter new mailing address, if applicable:		
••		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		• •
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida -
	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHNSON, TRICIA	400 ALTON ROAD APT 2604	_□ Add
		MIAMI BEACH, FL 33139	☐ Remove
			Change
MGR	JOHNSON, MATTHEW	400 ALTON ROAD APT 2604	
		MIAMI BEACH, FL 33139	
			■ Remove
			Change
MGR	DILLY KEY CONSULTING GROUP L.L.C.	400 ALTON ROAD	■ Add
		APT 2604	
			□ Remove
		MIAMI BEACH, FL 33139	☐ Change
			_
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			☐ Change
			Li Kelilove
			Change
			□ Remove
			Change

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f an effect <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier o 0th day after the record is filed.
Dated _	
	Signature of a member or a thorized representative of a member

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Filing Fee: \$25.00