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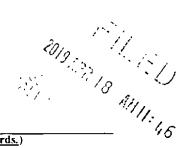
	gistration Sect vision of Corpo				
		DINER RESTAURANT, LL	С		
SUBJECT:		Name of Limit	ed Liability Company	·	_
The enclose	d Anicles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	n all correspond	dence concerning this matter to	o the following:		
		GOOK, SHIN			
			Name of Person		_
			Firm/Company		
		2651 N ORANGE BLOSSO	JM IKAIL		
			Address		
		ZELLWOOD, FL 32798			
		AJEMO6909@gmail.com	City/State and Zip Code		
		E-mail address: (to	be used for future annual rep	port notification)	_
For further	information cor	ncerning this matter, please ca	II:		
GOOK, SH	IIN		407 342-5 at ()		
	Name of	Person	Area Code	Daytime Telephone Nun	nber
Enclosed is	a check for the	e following amount:			
\$25.00		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certii sed) Certii	Filing Fee, ficate of Status & fied Copy onal 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



ZELLWOOD DINER RESTAURANT, 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 $\frac{4/2/2019}{1}$ and assigned Florida document number $\frac{119000090851}{}$ 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 "LL.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	Type of Action
MGR	GOOK, SHIN	2651 N Orange Blossom Trail Zellwood, FL 32798	⊟ Add
			Remove
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Effectiv	e date, if other t	han the date of fi	ling:		(optional) safter filing.) Pursuant to	(0¢ 030'
Note: If	f the date inserted	e date must be specific in this block does n on the Department	ot meet the app	licable statutory	or more than 90 days filing requirements	s, this date will not be	listed as
he reco The 9	ord specifies a 90th day after	delayed effectiv the record is file	e date, but i ed.	not an effecti	ve time, at 12:	01 a.m. on the ea	irlier o
Dated	Apr: 1	15th	2019				
	- 1	116					
	1//	11/1/				<u> </u>	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00