# L19000113139

(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



600329377776

05/24/19--01010--006 \*\*25.00

TILED

SECRETAN OF THE
SECRETAN OF THE

O SIMMONS

JUN 10 2019

## **COVER LETTER**

Division of Corporations
SUBJECT: COCKTAILS At the Lincoln Eatery, 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:
Mindy S. HCIIroy Name of Person
Firm/Company
935 NE 72 TETTACE Address
Highi, FL 33138  City/State and Zip Code  Hindy SMCI (ro) amail. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen Alvarado at (305) 779 - 8902  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section

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**

# (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 $4/25/2019$ and assigned
Florida document number <u>L 19000 113 139</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
	意刊 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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
President	Mindy S. McIlray	935 NE 72 Terrace	
	•	935 NE 72 Terrace Wiami, FL 33138	Remove
			Change
			□ Add
		ር መተ ሚታ ነፃነት ኢት ነ ነው ነው የአም ነፃነት	© Remove
		Remove Change	
			Add
	· · · · · · · · · · · · · · · · · · ·	□ Remove	
		Change	
		Add	
		□ Remove	
		<del></del>	Change
			Add
		□ Remove	
			Change
			Add
			Remove
			Change

	<u> </u>								
		<b></b>							<del></del>
					<del></del>			<del></del>	
					<del></del>				
		· <del>-</del>							
						_			
						_			
			<del></del> .	<del>-</del>	· · · · · · · · · · · · · · · · · · ·			6	
						·	£**	- :	<del></del>
						<del>-</del>	<u> </u>	•	F
			<u>-</u>			<del></del> :-			<u> </u>
	<del></del>								
			· · · ·			··· -		·	
<del>.</del>		· · · ·							<del></del>
		<del></del>							
Effective dat	e, if other tha	in the date of the specificate must be specificated.	filing:	<del> </del>			_ (option	nal)	
Note: If the c	ate inserted in t	this block does the Department	not meet tl	he applicable	ate of filing of statutory fil	ing requireme	lays after fi	ling.) Pursi late will n	iant to 605.0 of be listed
		layed effecti e record is fil		but not a	n effective	e time, at 1	2:01 a.	m. on th	ne earlier
	94 17		—:2	2019					
Dated <u>M</u>		۸/٦							

Page 3 of 3

Filing Fee: \$25.00