07/01/2019 12:43 MacFarlane Ferguson_ Clr Water

(FAX)

P.001/005

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Accou | nt Number | : 071005003 | 1001 | | | | 0 |
| | Phone | | + (727)441- + (727)442- | | | • | | |
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

(FAX)

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

THE PARLOR HOUSE RESTAURANT, LEC

SUBJECT: ____

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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:

P.O. Box 6327

Tallohossee, FL 32314

THOMAS C. NASH, II

| | | Name of Person | | | |
|---------------------------|--|---|---|--------------|------------|
| | MACFARLANE FERGUS | ON & MCMULLEN | | 2019 JUL | |
| | | Firm/Company | | | - |
| | POST OFFICE BOX 1669 | | | | |
| | | Address | | ··· , —· | hee Tee |
| | CLEARWATER, FL 3375 | 7 | | 1112 | |
| | | City/State and Zip Code | | · ··· · · | |
| | ton@macfar.com | | | | |
| | E-rosil address: (| to be used for future annual report notifi | cation) | | |
| For further information c | oncerning this matter, please c | a11: | | | |
| THOMAS C. NASH, Π | | 727 44)-8966 | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate Certificate (addliminal con | of Status & | |
| Regist | ING ADDRESS: ration Section on of Corporations | STREET/COURI Registration Sectio Division of Corpor | n | | |

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 .

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(FAX)

| THE PARLOR HOUSE REST (Name of the Limited Linbling Compan (A Florida Limited Li | AURANT, LLC y as it now appears ability Company) | s on our records.) | | _ | | |
|--|--|-----------------------|----------------|-------------------------|---------------------|--------|
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000121351</u> | were filed on <u>N</u> | лач 10, 2019 | and | assign | ed | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited liabil | | | <u> </u> | 2019 | | |
| The new nume must be distinguishable and contain the words "Limited Liabili | ity Company," the d | esignation "LLC" or t | he abbreviatio | n <u>التلا</u> ل.C م | <u>יי</u> דיייד | |
| Enter new principal offices address, if applicable: | | | | | | C D |
| (Principal office address MUST BE A STREET ADDRESS) | <u>-, </u> | | | ž | <u>بر رکنی۔</u> | |
| | | | | - <u>S</u> | · · · | |
| | | | • • | 5 | | |
| Enter new mailing address, if applicable: | <u> </u> | | | | | |
| (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 Florido street address |
| | , Florida ClayZip 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

P.003/005

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> | Name | <u>Address</u> | Type of Action |
|--------------|--------------|-------------------------|----------------|
| MGR | GARY S. GRAY | 1205 N. BAYSHORE DRIVE | Add |
| | | SAFETY HARBOR, PL 34695 | 🛛 Кеіло́ус |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00