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Amend Richal

LALBRITTON

COVER LETTER

Division of Corp			
SUBJECT:	Navarre C Name of Limit	heesesteak 1-1.jt	-, <u>LLC</u>
The enclosed Articles of z	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Mar	Name of Person	
	Lou	doe's LLC Firm/Company	
		eritage Circle	
	Navarr	City/State and Zip Code S F O C C C C C C C C C C C C C C C C C C	32566
	E-mail address: (to	be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca		
Name of	R Beck	at (<u>850)</u> 936 Area Code Daytime T	5 - 6517 Felephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Navarre (Theesesteak H	lut, LLC
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 1.19000153690 .	were filed on Feb. 1 st , 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Same	
		26.
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same	i
		<u> </u>
		6: 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Same	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
N. D. Jan J. A. L. and V. Cimpatons if shorted Descintaged Agents.		- 1 , 2,

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
AMBR	Cynthia L Beck	2378 Her. tage Circle Navarre, Florida 32566	XAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			🗀 Add
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ote:	ve date, if other than the date of filing:
record Lis fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	June 8th . 2020
	Marke C
	Signature of a member or authorized representative of a member