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PICK-UP WAIT MAIL
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COVER LETTER

TO:

	Registration Se Division of Cor			
CUD IEC		RESTAURANTS LLC		
SUBJEC	, [:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		SHANA JOSEPH		
			Name of Person	
		ILLIKANS RESTAURAN	STS LLC	
			Firm/Company	
		13194 US HIGHWAY 30	I S. SUITE #150	
			Address	
		RIVERVIEW, FL 33578		
			City/State and Zip Code	
		AJOSEPH0829@YAHOO.	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please co		
SHANA	JOSEPH		610 721-8868	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	ı

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Z	ip Code		
	RIVERVIEW		_, Florida j	33578			
		Enter Florida street o	address		_		
New Registered Office Address:	13194 US HIGHWAY 301 S, SUITE #150						
Name of New Registered Agent:				•			
				r	21		
registered agent and/or the new registered off				(Y)]_	9	(الريب)	
B. If amending the registered agent and/o	or registered of	ffice address on our re			пате	of the ner	
				<u>;</u>	-53-	577 2425	
	cable: OFFICE BOX) 13194 US HIGHWAY 301 S, SUITE #150 S RIVERVIEW, FL 33578 P						
Enter new maning address, it approache:	RIVERVIEW, FL 33578				-3.51		
Enter new mailing address, if applicable:		13194 US HIGHWAY 30	OI S, SUITE	#150	20		
Trincipal office address WOST BE A STREET	ADDICESSI						
• • • • • • • • • • • • • • • • • • • •		RIVERVIEW, FL 33578					
Enter new principal offices address, if applica	ble:	13194 US HIGHWAY 30) I S, SUITE	#150			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation	"LLC" or the	abbrevi	ation "L	"L.C."	
A. If amending name, enter the new name of	the limited liab	ility company here:					
This amendment is submitted to amend the follow	ing name, enter the new name of the limited liability company here: nust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." rincipal offices address, if applicable: 13194 US HIGHWAY 301 S, SUITE #150						
Florida document number L19000195535	·						
The Articles of Organization for this Limited Lia	ibility Company	were filed on(), 101		and as	signed	
		72	c-10				
(Name of the Limite)	<u>d Liability Compa</u> A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)				
ILLIKANS RESTAURANTS LLC			<u> </u>				

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>	<u>Address</u>	Type of Action
MGRM	SHANA JOSEPH	13194 US HIGHWAY 301 S, SUITE #150	
		RIVERVIEW, FL 33578	☐ Remove
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		· · · · · · · · · · · · · · · · · · ·	☐ Remove
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ated	The 90	th day after the record is filed.	
	, SI	PTEMBER 24TH 2019 /	
Signature of a member or authorized representative of a member	ated	———·——· <i>——</i> ————	
Signature of a member or authorized representative of a member			
		Signature of a member or authorized representative of a member	_
		SHANA JOSEPH	

Page 3 of 3

Filing Fee: \$25.00