# L1900021790Z

(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:	
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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dacquelyn Walker
Name of Person
Upscale Cak' + Lounge
,
76 Boal Street NW
Address
Fort Walton Beach F132548
City/State and Zip Code
Jula 1 Kel 195 O.Cox, net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the 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/COURIER ADDRESS:

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

## NIV DA LOIS FEEL 11:12 AM — Sandestin The Grand

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(A Florida Limited Lia	oslity Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/9000 217903</u>	ere filed on 8/22/2619 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BF. 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 offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	ielyn wlacker
New Registered Office Address: 2281	MOLIONITY Street  Enser Florida street address  Jalton Bah, Florida 32548  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.

Page 1 of 3

MGR = Manager

□ Remove

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name Hayden 76 Beals □ Remove ☐ Change .□ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Add \_□ Remove \_□ Change \_□ Add

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Note: It	e date, if other than the date of filing:  (optional)  (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)  (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tis effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	11/06 .2019
	Signature of a member or authorized representative of a member
	Vacaile Lun LUAIKOK

Page 3 of 3

Filing Fee: \$25.00