L19000224314

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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
ava vicin TROUBAD	OUR PRIVATE DINING, LL	c	
SUBJECT: TROUBAD		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEX LAMONTE		
		Name of Person	
	TROUBADOUR PRIVAT	E DINING	
		Firm/Company	
	831 W MALLORY ST		
		Address	70. 20
	PENSACOLA, FL 32501		2022 HAR -1
		City/State and Zip Code	
	LAMONTEAJ@GMAIL.COM E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please c		fication)
ALEX LAMONTE		at (702) 241-4035	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
≡ \$25.00 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)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	Fallahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROUBADOUR PRIVATE DINING, LLC

(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 9/4/2019	and assigned
Florida document number L19000224314		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab TROUBADOUR CONCEPTS, LLC	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	831 W MALLORY ST	
(Principal office address MUST BE A STREET ADDRESS)	PENSACOLA, FL 32501	
Enter new mailing address, if applicable:	831 W MALLORY ST	
(Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA, FL 32501	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:	Enter Florida street add	Iress
		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 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	Address	Type of Action
			□Add
			□Remove
			🗆 Add
			□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			Remove
			Change
			🗀 Add
			(I) Change
			□Add
			🗀 Remove
			□Change

	
an effectiv l <mark>ote:</mark> If t	date, if other than the date of filing:
record sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	$\frac{2-22}{\cos \Omega}$. $\frac{2022}{\cos \Omega}$.
	Signature of a member or authorized representative of a member
	Alex Lamonte
	Typed or printed name of signee