L19000236416

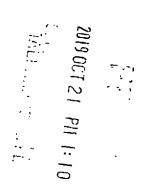
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: L	e Grill Juno Name of Limi	Blach LLC ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Philipp	o Roup	
		Name of Person	
		Firm/Company	.
	3860 (Julens Way	
	boca	Ration 71 3340 City/State and Lip Code	96
	Koux Phi	lippe Olo O Smo	
For further information cond	cerning this matter, please ca	9	
Philippo	Roup	at (<u>5Q1)</u> <u>212-4</u> Area Code — Daytime	1904 Telephone Number
Name of Po	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the t	following amount:		
□ \$25.00 Filing Fee	S30.00 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	no bach L pany as it now appears on our I Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 1900236416</u>			and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			<u> </u>	rm,118
		:	2	•
Enter new mailing address, if applicable:		· ·	∵ 0	
(Mailing address MAY BE A POST OFFICE BOX)		•	===	· · ·
·		:		
B. If amending the registered agent and/or registered or registered office address he		ecords, <u>enter (</u>	he name.	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
		_, Florida		
	City		Zıp 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

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
MGR	Philippe Roux	3860 Queens Way	Add
	\\	3860 Queens Way Boca Raton 71	□ Remove
			Change
			Add
			□ Remove
			□ Change
		-	
			□ Remove
			🗆 Change
			Remove
			Change
			O Add
			□ Remove
			☐ Change
			🗆 Add
			Remove
			Change

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<u></u>	
-	
ffective	e date, if other than the date of filing: (optional)
<u> Note:</u> lf	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	October 16 . 2019
	Signature of a member or authorized representative of a member
	Type Ruce Type or printed name of signee

Page 3 of 3

Filing Fee: \$25.00