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To:

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Fax Number : (850) 617-6383

From: Jennifer L. Williamson, Esquire

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL  
Account Number : 076424001425  
Phone : (772) 233-4602  
Fax Number : (772) 223-4378

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Kerk Restaurant, LLC

2019 OCT 21 P 1:28

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 1, 2019 and assigned  
Florida document number L19000246361.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability 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:

519 SW Riverpoint Drive

(Principal office address MUST BE A STREET ADDRESS)

Stuart, FL 34994

Enter new mailing address, if applicable:

519 SW Riverpoint Drive

(Mailing address MAY BE A POST OFFICE BOX)

Stuart, FL 34994

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	Matthew S. Brown	4425 SW Martin Highway	<input type="checkbox"/> Add
		Palm City, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dean R. Barrett	519 SW Riverpoint Drive	<input checked="" type="checkbox"/> Add
		Stuart, FL 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kyle D. Barrett	519 SW Riverpoint Drive	<input checked="" type="checkbox"/> Add
		Stuart, FL 34994	<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October 21 2019

Kyle D. Barrett

Signature of a member or authorized representative of a member

Kyle D. Barrett

Typed or printed name of signee