## 120000045724

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Amend

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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
Slim 23rd.			
SUBJECT:	Name of Linited Liability Company  s of Amendment and fee(s) are submitted for filing.  espoadence concerning this matter to the following:  Catherine S. Hester  Name of Person  Denise Hallmon Rowan & Associates, P.A.  Firm/Company  1022 W. 23rd Street, Suite 600  Address  Panama City, Florida 32405  City/State and Zip Code eshester@dhrlegal.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at \( \frac{850}{\text{Area Code}} \) \( \frac{338-6007}{\text{Daytime Telephone Number}} \)  or the following amount:  c \( \subseteq \frac{850}{\text{Certificate of Status}} \) \( \frac{378-6007}{\text{Certificate Copy}} \) \( 260-00000000000000000000000000000000000		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
r sease return an correspo	indence concerning this matter	to the following.	
	Catherine S. Hester		
		Name of Person	
	Denise Hallmon Rowan &	Name of Person  an & Associates, P.A.  Firm/Company  Suite 600  Address  32405  City/State and Zip Code  n  ress: (to be used for future annual report notification)  ase call:  850  Area Code  Daytime Telephone Number  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
		Firm/Company	
	1022 W. 23rd Street, Suite	this matter to the following:  ester  Name of Person  n Rowan & Associates, P.A.  Firm/Company  Street, Suite 600  Address  Florida 32405  City/State and Zip Code gal.com and address: (to be used for future annual report notification)  ter, please call:  at (  Area Code   338-6007    Area Code   Daytime Telephone Number  nt:  g Fee &   \$55.00 Filing Fee &   Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations The Centre of Tallahassee	
		Address	<del>_</del>
	Panama City, Florida 3240	05	
	As a submitted Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Catherine S. Hester  Name of Person  Denise Hallmon Rowan & Associates, P.A.  Firm/Company  1022 W. 23rd Street, Suite 600  Address  Panama City. Florida 32405  City/State and Zip Code eshester@dhrlegal.com  E-mail address: (to be used for future annual report notification)  n concerning this matter, please call:  at (		
			S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed  Section Corporations f Tallahassee
			entation) .
For further information c	oncerning this matter, please c	au:	
Catherine S. Hester			
Name o	d'Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address			ection
P.O. Box 632			
Lallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slim 23rd, LLC

company has been notified in writing of this change.

(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 2/7/2020	and assigned
Florida document number 1.20000045724	·	
This amendment is submitted to amend the following	តិ:	
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	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		7020 FEB
(Mailing address MAY BE A POST OFFICE BOX	<del></del>	9 PH 2
B. If amending the registered agent and/or regist agent and/or the new registered office address he		me of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further a	igree to comply with t

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

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
AMBR	William Cantrell	3004 Minnesota Avenue	□Add
		Lynn Haven, Florida 32444	■Remove
			Change
AMBR	Richard Maddox	3004 Minnesota Avenue	_
		Lynn Haven, Florida 32444	■Remove
			□Change
AMBR	Christopher McMillian	3004 Minnesota Avenue	□Add
		Lynn Haven, Florida 32444	_
			□Change
AMBR	Amy McMillian	3004 Minnesota Avenue	□Add
		Lynn Haven, Florida 32444	≣Remove
			□Change
AMBR	Rebecca Retherford	3004 Minnesota Avenue	□Add
		Lynn Haven, Florida 32444	≣Remove
			[]Change
AMBR	North Florida Restaurant Group, LLC	3004 Minnesota Avenue	≣Add
		Lynn Haven, Florida 32444	□Remove
			[] Change

ective date. If other than the date of filing:  effective date, if other than the date of filing:  effective 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 605.02 to 100 filing to more than 90 days after filing.) Pursuant to 605.02 to 100 filing requirements, this date will not be listed to unem's effective date on the Department of State's records,  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.  ed  February 18  2020  Cashan States Stat					
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		Typed or printed	name of signee		

Filing Fee: \$25.00