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(((H20000340264 3)))



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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Mariavelez

Account Name : PLANET HOLLYWOOD INTERNATIONAL, INC.

Account Number : 120080000100

: (407)903-5513

**Please fa

→ Fax Number : (407)352-7310 ★★

confirmation to: -

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mvelez@earlenterprise.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRAVO BRIO RESTAURANTS, LLC

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Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bravo Brio Restaurants, L	LC		1
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears ол оп Jompany)	r records.)	
The Articles of Organization for this Limited Liability Company were fil Florida document numberL20000139877	led on	5/29/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability cor	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Comp	nany," the designation	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	3 on our records	s, enter the name	of the new registere
Name of New Registered Agent:	, <u> </u>		
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
Cit	у		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide	rmance of my di	uties, and I am fa	miliar with and

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

H200003402643

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

Title	Name	Address	Type of Action
Manager & President	Thomas Avallone	4700 Millenia Blvd., Ste 400	≣ ∧dd
		Orlando, FL 32839	□ Remove
			□ Change
Treasurer	Brian Connell	155 Otis Street	=Add
		Northborough, MA 01532	□ Remove
			□Change
Secretary	Jeffrey Sirolly	4700 Millenia Blvd., Ste 400	
		Orlando, FL 32839	
			□Change
			DAdd
			□Rcmave
		<u> </u>	□Change
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			□Change
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			□ Change

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If the record spec record is filed.	cifies a dolayed cff	fective date, but not a	in offective tim	e, at 12:01 a.m. c	on the earlier of: (b	The 90th day after	er the
Dated	September 30		2020				
	~		ANh _				
-		Signature of a m	enther or authori	zed representative	of a member		
			Thomas Av	ulione			

Filing Fee: \$25.00

Typed or printed name of signee