

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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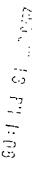




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R. WHITE
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COVER LETTER

Registration Section

TO:

| Div | ision of Cor | porations | | | |
|---|--------------|---|---|---|--|
| | _ | staurant Group LLC | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The englaces | l A⇒iolar of | Amendment and fee(s) are sub | united for filing | | |
| | | | _ | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | |
| | | Maxwell Winger | | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · | |
| | | Winger Restaurant Group | LLC | | |
| | | | Firm/Company | | |
| | | 1803 Rosedale Drive | | | |
| | | | Address | | |
| Tallahassee Fl 32303 | | | | | |
| | | | City/State and Zip Code | | |
| | | chefmaxwinger@gmail.con E-mail address: (| n to be used for future annual report no | otification) | |
| For further in | nformation c | oncerning this matter, please c | · | ~ 7 | |
| Max Winger | | | 407 2761155 | ن پ | |
| •• | Name o | f Person | at () Area Code Dayti | ime Telephone Number 👵 | |
| | | | | . :: | |
| Enclosed is a | check for th | ne following amount: | | € • | |
| ≡ \$ 25.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Ma | lling Addass | ę. | Common Add | | |
| Mailing Address: Registration Section | | | Street Address: Registration Section | | |
| Division of Corporations | | | Division of Corporations | | |
| P.C |). Box 632 | 7 | The Centre of | • | |
| Tal | lahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Winger Restaurant Group LLC

| (A Florida Limited | Liability Company) | | |
|---|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000154278</u> | were filed on June 5; 2020 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1600 W Call St. Unit 104 | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | Tallahassee Fl, 32303 | | |
| Enter new mailing address, if applicable: | 1600 W Call St. | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Unit 104 | | |
| maning matess MAT BE A TOST OF FICE BOX | Tallahassee Fl, 32303 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registered | | |
| 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and performent is | | |
| | | | |

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 | Alexander H Winger | 2463 Derbyshire Rd. | |
| | | Maitland Fl. 32751 | □Remove |
| | | | ■ Change |
| AMBR | Maxwell P Winger | 1803 Rosedale Dr. | ⊡ Add |
| | | Tallahassee Fl. 32303 | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | · · · · · · · · · · · · · · · · · · · | □Add |
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| | | | □ Chango |

| winger Kestaurant Group | LLC, will be doing business as: "MAX'S" |
|---|--|
| Call for any questions. Th | nank you!!! |
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| fective date, if other than t | the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| ote: If the date inserted in this | s block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records. |
| ecord specifies a delayed effect is filed. | ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ted July 13 | 2020 |
| | |

Typed or printed name of signee