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DIVISION OF CORPORATIONS

T. MATTHEWS

JUL -5 2022

COVER LETTER

Division of Cor	porations			
CHD IEZTE.	PJ'S CHOP HOUSE, LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAMES TILQUIST			
		Name of Person		
	PJ'S CHOP HOUSE, LLC			
		Firm/Company		
	12 East Magnolia			
		Address		
	Eustis, Florida 32726			
		City/State and Zip Code		
	TILLIESEUSTIS@GMAIL			
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please of	all:		
JAMES TILQUIST		954 658-8216		
Name o	f Person	954 658-8216 at ()	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing 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)	
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C	Corporations	Division of Cor	porations	

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OF CORPORATION

22 MAY -9 PM 1:44

PJ'S CHOP HOUSE, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000176259	were filed on JUNE 24, 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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	925 N. BAY STREET		
(Principal office address MUST BE A STREET ADDRESS)	EUSTIS, FLORIDA 32726		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Circ Zin 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 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
			□Add
		- 	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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