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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2020

ANTHONY G HIGGIND CARIBBEAN EATZ RESTAURANT AND GRILL LLC 1224 TIVOLI DRIVE DELTONA, FL 32725

SUBJECT: CARIBBEAN EATZ RESTAURANT AND GRILL LLC

Ref. Number: L20000185776

We have received your document for CARIBBEAN EATZ RESTAURANT AND GRILL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00016682

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration S Division of Co						
SURIF		Eatz Restaurant and Grill LLC					
		Name of Lin	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Anthony G Higgins					
		nendment and Grill LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Anthony G Higgins Name of Person Caribbean Eatz Restaurant and Grill LLC Firm/Company 1224 Tivoli Dr Address Deltona Florida 32725 City/State and Zip Code caribbeaneatz.rg@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: 1345 927-9961 Area Code Daytime Telephone Number					
	Caribbean Eatz Restaurant and Grill LLC						
			Firm/Company				
		1224 Tivoli Dr	Name of Limited Liability Company nent and fee(s) are submitted for tiling. oncerning this matter to the following: nony G Higgins Name of Person obean Eatz Restaurant and Grill LLC Firm/Company Tivoli Dr Address ona Florida 32725 City/State and Zip Code eaneatz.rg@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: 1345 at (1345 Area Code) Daytime Telephone Number ng amount: 0.00 Filling Fee & S60.00 Filling Fee & S60.00 Filling Fee entificate of Status Certified Copy (certificate of Status) Certified Copy (certificate of Status) Certified Copy (certificate of Status) Certified Copy (certificate of Status)				
		Address					
The enclosed For further Tishanna		Deltona Florida 32725					
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				ication)			
For furth	er information c	oncerning this matter, please c	all:				
Tishanna	ı Higgins		1345 927-9961				
Name of Person			Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			

Mailing Address:

7

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARIBBEAN EATZ RESTAURANT AND GRILL LLC

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

	(A Florida Limited I	лавину Сотрапу)	The P
The Articles of Organization for this Limited I	Liability Company	were filed on JULY	71, 2020 and assigned
Florida document number 1.20000185776			71, 2020 and assigned 5
This amendment is submitted to amend the fol	c, enter the new name of the limited liability company here: EESTAURANT & GRILL LLC stinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ESS MUST BE A STREET ADDRESS) Iddress, if applicable: N/A (NOT CHANGED) N/A (NOT CHANGED) PREA POST OFFICE BOX) egistered agent and/or registered office address on our records, enter the name of the new registered		
A. If amending name, enter the new name of	of the limited liabi	ility company here	;
CARIBBEAN EATZ RESTAURANT & GRILL	LLC		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company." the desi	gnation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	he limited liability company here: C ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." ple: N/A (NOT CHANGED) N/A (NOT CHANGED) N/A (NOT CHANGED) eistered office address on our records, enter the name of the new registered	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A (NOT CHAN	GED)
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:			ords, enter the name of the new registered
Nove Posistaned Office Add	N/A (NOT CHA	(NGED)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			street address
	N/A (NOT CHANGED)		Florida N/A (NOT CHANGED)
	City		Florida N/A (NOT CHANGED) Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as p registered office a	performance of my rovided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

17 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>	<u>Address</u>	Type of Action
	N/A (NOT CHANGED)		□Add
			□Remove
			□ Change
			□ Add
			Remove
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			Remove
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			□Remove
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ective date, if other than the date of filing: (optional) reflective 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 0207 to flective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as runnent's effective date on the Department of State's records. **Coord 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 sfiled. **Signature of a member or authorized representative of a member.**							
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Filing Fee: \$25.00