## LZU 000 264 286

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS MAR - 8 2022



November 15, 2021

ANTHONY GEORGE CARCALHO 8661 NW 26 PL SUNRISE, FL 33322

SUBJECT: FRENCH QUARTER SEAFOOD BAR & GRILL LLC

Ref. Number: L20000264286

We have received your document for FRENCH QUARTER SEAFOOD BAR & GRILL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews OPS

www.sunbiz.org

Letter Number: 321A00027633

## **COVER.LETTER**

RECEIVED

Registration Section Division of Corporations

TO:

SUBJECT: French	Quarter Scafe	ood Bar and Grill	2022 MAR -3 AM 7: 43
	Name of Lim	ited Liability Company	SECRETALLY OF STATE TALLAHASSEE, FL
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Melissa Willi	Name of Person	<del> </del>
	French Quarter	Sectord Bar and Go	-;((
	105 E Hallan	date Beach Blud 1	Hallandale FL 33009
	Hallandale F Frenchquarter 1	City/State and Zip Code  Our and grill 2020 Coto be used for future annual report notified.	egnailicon fication)
For further information c	oncerning this matter, please ca		
Melissa Wi Name o	Mans f Person	at (504) Lelele-1 Area Code Daytime	E Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

French Quater Seaford Bar and Gill (1c 22 His -2 Fill 12: 53)

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Hugust 25, 2020 and assigned

Florida document number <u>L2000264</u>	286	•	,	
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabilit	y Company," the designat	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			<del></del>
				<u></u>
Enter now mailing addrage if applicables				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV)			
(Mulling address MAT BE A POST OFFICE	<u>DUA)</u>			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	ss here:	ldress on our record  Thony George		
New Registered Office Address:		U 26th PL Enter Florida str		
Ten regimered office ridges.				
	Suncise	Cin	, Florida	33322 Zip Code
New Registered Agent's Signature, if changing		Çıü.		zip Cinic
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre per and complete p istered agent as pr registered office o	performance of my d rovided for in Chapt	luties, and Lam er 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent. Signature of New Registered Agent

11 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	Anthony George	CARVALHO	8661 NW 26th pl sunrise fl 33	32209Add
				□Remove
				□Change
· ———				🗆 Add
				[]Remove
				□Change
			<del> </del>	🗆 Add
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If an effe <u>Note:</u>	we date, if other than the date of filing:
ne record	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 ed.
11 (15 TH	
Dated _	
	Meliosa G. Williams  Signature of a member or authorized representative of a member  Meliosa G. Williams  Typed or printed name of signee

Filing Fee: \$25.00