

120000315165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

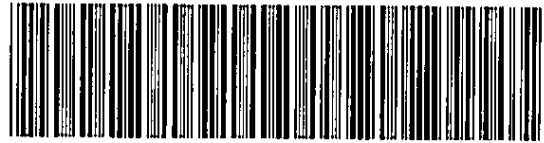
(Business Entity Name)

(Document Number)

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FILED
2021 JUL -7 AM 11:05
TALLAHASSEE, FL

D. BRUCE
JUL 09 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: NORTH COUNTY RESTAURANT VENTURE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUG ZEIF
Name of Person
EQUAL MEASURE PARTNERS
Firm/Company
6574 n. STATE ROAD 7, SUITE 415
Address
COCONUT CREEK, FL 33073
City/State and Zip Code
DZ@EQUALMEASURE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUG ZEIF 561 302-7491
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304-6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
1000 N. G St.
Tallahassee, FL 32304

STATE OF FLORIDA
TALLAHASSEE, FL

2021 JUN -7 AM 11:05

2021 JUN 7

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTH COUNTY RESTAURANT VENTURE, LLC

(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 10/06/2020 and assigned
Florida document number L20000315165.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FL	

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DOUGLAS ZEIF	7511 W. UPPER RIDGE DRIVE	<input type="checkbox"/> Add
		PARKLAND, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EQUAL MEASURE PARTNERS,	6574 N. STATE ROAD 7	<input checked="" type="checkbox"/> Add
		SUITE 415	<input type="checkbox"/> Remove
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Change
AMBR	P3 HOSPITALITY, LLC	6574 N. STATE ROAD 7	<input checked="" type="checkbox"/> Add
		SUITE 415	<input type="checkbox"/> Remove
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE FILE

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36/01/2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 1, 2021

Abel G. Zil

Signature of a member or authorized representative of a member

DOUGLAS G. ZEIF

Typed or printed name of signee