## L21 000 671 043

(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:				
<u> </u>				

Office Use Only



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24 MAY 17 FM 1: 20



## A LIMITED LIABILITY SERVICE CORPORATION

Alexandra Wells

Direct Telephone: 414-727-6274 E-mail: awells@mallerysc.com

April 30, 2024

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Ladies and Gentlemen:

Re: CDM Restaurant, LLC

I enclose for filing an original Articles of Amendment to Articles of Organization in connection with the company referenced above. I also enclose a check in the amount of \$25.00 to cover the filing fee.

Please contact me if you have any questions.

Sincerely,

Alexandra Wells Legal Assistant

Enclosures

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
	CALLM RI	ESTAURANTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Adam A. Bardosy		
			Name of Person	<del></del>
		Mallery sc		
			Firm/Company	<del></del>
		731 N. Jackson Street, Sui	te 900	
			Address	
		Milwaukee, Wisconsin 53.	202	
			City/State and Zip Code	· · · ·
		abardosy@mallerysc.com		
For further in	iformation c	n-man address: ( oncerning this matter, please e	to be used for future annual report no	uncation)
Adam A. Ba	-	· <del>-</del>	at () Area Code Daytii	
	Name o	f Person	Area Code Daytii	ne 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)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address: Registration So	ection
Div	ision of C	orporations	Division of Co	rporations
	). Box 632 Iahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
1 (1)	maradou. I	ا النساد ده	ATTU IN MOUN	or outer, ounce ory

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALLM RESTAURANTS LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on Fel	bruary 10, 2021 and assigned
Torida document number $\frac{86-1993402}{L  2  V  0  6  O}$ This amendment is submitted to amend the fol	071043	
a. If amending name, enter the new name of	-	<u>:re</u> :
		24
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviations L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	Se m
		<u> = 0</u>
		02:1 2
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u></u>	
		<del></del>
3. If amending the registered agent and/or		ecords, <u>enter the name of the new regi</u>
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Bret Fernandez	
New Registered Office Address:	10130 Perthshire Circle	
The strangers of the studies.	Enter Flor	ida street address
	Land O' Lakes	Florida <sup>34638</sup>
	Circ	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Count. 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
MGR	Lucas Roeske	7760 Land O' Lakes Boulevard	≣Add
		Land O' Lakes, Florida 34638	⊡Remove
		<del></del>	
AMBR	Bret Fernandez	10130 Perthshire Circle	<b>≡</b> Add
		Land O' Lakes, Florida 34638	_
			□Change
AMBR	Martin Roeske	2303 Sun Vista Drive	<b>⊒</b> Add
		Lutz. Florida 33559	□Remove
			□Change
AMBR	Lucas Roeske	7760 Land O' Lakes Boulevard	■Add
		Land O' Lakes, Florida 34638	□Remove
	·		□Add
			□Remove
			□Change
			□Add
			□Remove

Page 2 of 3

D. If amend	ing any other informati	on, enter change(s) he	ere: (Attach additio	nal sheets, if necessary)	
	<u></u>		•••		
	=				
_					
			<del></del> :		
	-		<u> </u>		
					<del></del>
		<del></del>		. <u> </u>	<del></del>
Note: If t	date, if other than the diverget late is listed, the date must he date inserted in this blooms effective date on the Dep	se specific and cannot be pil ik does not meet the appl	or to date of filing or mo icable statutory filing	(optional) re than 90 days after filing.) Pur requirements, this date will	suant to 605,0207 (3) not be listed as the
	d specifies a delayed Oth day after the reco		not an effective ti	me, at 12:01 a.m. on t	the earlier of:
Dated	4/24	2024	·		
	Exp. fl.	7			
	S	ignature of a member or au	thorized representative of	of a member	<del></del>
	Lucas Roeske, Manager				
		Lyped or pri	nted name of signee		

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