

L21000157403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

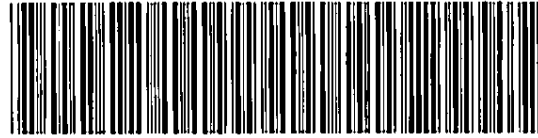
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2021 MAY 26 PM 12:20

05/27/21--01002--009 **25.00

Anilend

MAY 27 2021

ALBRITTON

2021 MAY 27 4:23

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

_____**LEWIS STEAKHOUSE LLC**_____**L21000157603**_____
(Business Name) Document #

☒ Walk in _____ Pick up time _____

_____ Mail out _____ Will wait

_____ Photocopy

_____ Certified Copy

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ Limited Liability
_____ Domestication
_____ Other

AMENDMENTS

☒ Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Merger

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

_____ Foreign
_____ Limited Partnership
_____ Reinstatement
_____ Trademark
_____ Other

EXAMINER'S INITIALS: 10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEWIS STEAKHOUSE 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:

Raymond Monteleone

Name of Person

Paladin Global Partners

Firm Company

612 SE 5 Ave, STE 6

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

ray@paladinglobalpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Loomis

954 653-1071
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

LEWIS STEAKHOUSE 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 4/5/2021 and assigned
Florida document number 1.21000157603.

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)

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 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>	<u>Type of Action</u>
AMBR	VIP HOSPITALITY GROUP LLC	2888 Shawnee Avenue	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTINA WISHART	2888 Shawnee Avenue	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS FERNANDEZ	2888 Shawnee Avenue	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	K BLAKE MGMT. LLC	2888 Shawnee Avenue	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the 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 record is filed.

Raymond Whitehouse

Raymond Monteleone, authorized representative of member

Filing Fee: \$25.00