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## COVER LETTER .

TO:	Registration Se Division of Cor				ř	
ethur	77°P.		SIZZLER LLC			
SUBJE	CCT:		ited Liability Company	· · ·		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing			
Please r	return all correspo	indence concerning this matter	to the following:			
			SAJIMON MATHEW			
			Name of Person			
			SAJ USA LLC			
	Firm/Company					
			1569 THETFORD CIR			
			Address	•	<del></del>	
			ORLANDO, FL 32824			
			City/State and Zip Code		<del></del>	
			SAJ1040@YAHOO.COM to be used for future annual re			
For furt	ther information c	oncerning this matter, please of		рон пописанон)		
SAJIM	ON P. MATHEW	,		2312		
	Name o	f Person	at () Area Code	Daytime Telepho	one Number	
Enclose	ed is a check for th	ne following amount:				
□ <b>\$2</b> 5	5.00 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 Addres Registration S	Section		ion Section		
	Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDIAN SIZZLER 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 APRIL 08, 2021  Florida document number L21000163958	and assigned
forida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
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)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the</u>	name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:  Enter Florida street address , Florid	
New Registered Office Address:  Enter Florida street address	a Zip Code

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>	Name	Address	Type of Action
MGR	ALKA MOHAN PHILIP	165 RIVERSIDE DR.	
		CAPE CANAVERAL, FL 3292	□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be pack does not meet the app	olicable statutory filin	(option ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605 0207
record specifies a delayed effective d is filed.	date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated Octber 10	2022	·		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Allerd 1			
	Signature of a member or a	uthorized representative	of a member	