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From:

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Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHUBBZ ISLAND GRILL LLC

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JAN 17 2025

COVER LETTER

TO: Registration Sect Division of Corpo			
CHUBBZ IS SUBJECT:	LAND GRILL LLC		
3003607.	Name of Limi	ited Liability Company	
	mendment and fee(s) are sub-	-	
	ERIK TREUTLEIN		
		Name of Person	j Aquita de la Carta de la Car
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
	chubbzislandgrill@gmail.co	City/State and Zip Code	·
		o be used for future annual report no	tification)
For further information con	cerning this matter, please ca	ilt:	
ERIK TREUTLEIN		800 773-0888	
Name of F	erson .	at () Area Code — Daytii	ne 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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

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

FILED 2025 JAN 16 PM 3: 59

CHUBBZ ISLAND GRILL 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 $\underline{-05/03/2021}$ _____ and assigned Florida document number 1.21000204934 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 "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) 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: Ras Walters Name of New Registered Agent: 7120 Colony Pointe Dr New Registered Office Address: Enter Florida street address , Florida 33578
Zip Code Riverview (in

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.

> /S/ Ras Walters_ If Changing Registered Agent, Signature of New Registered Agent

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	Made.	3 OT

To:

2025-01-16 08:14:37 PST

LegalZoom.com, Inc.

From: Candace Pringle

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WALTERS, RAS		🗖 Add
			☐ Remove
		7120 Colony Pointe Drive Riverview, FL 33578	■ Change
Authorized Member	Walters, Shenequa		□ Add
		867 W BLOOMINGDALE #7046 BRANDON, FL 33508	■ Remove
			☐ Change
		 	
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		, Page: 6 of 6	2025-01-16 08:14:37 PST	LegalZoom.com, Inc.	From: Candace Pris
D.	If amen	ding any other inforn	nation, enter change(s) here: (Attach	additional sheets, if necessary.)	
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E.	Effective	date, if other than th	ne date of filing:	(optional)	
((If an effect	ive date is listed, the date m	just be specific and cannot be prior to date of fil	ing or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be	
	documen	t's effective date on the	Department of State's records.	y mag requirements, and date will not be	noted as the
				ctive time, at 12:01 a.m. on the e	arlier of:
(0)	me 9	Oth day after the re	cora is illea.		
	Dated	01/16	2025		
	Dated		· · · · · · · · · · · · · · · · · · ·		
		/S/ RAS WALT			
			Signature of a member or authorized repres	entative of a member	_
		RAS WALTERS			
			Typed or printed name of si	ance	_

Page 3 of 3

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