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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blueprint Grill 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:
Sulian Brown Name of Person
Firm/Company
5022 N.W 123rd ave
Coconut Creek FL 33076 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 559 - 4675 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee, Certified Copy tadditional copy is enclosed}\$\Bigcup \text{\$100 Filing Fee} \$1
Mailing Address: Payietration Systian Resistantian Systian

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

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
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			Lake Wor	th, FC 3:346	Remove
AR	Nadine	2 Collins		509 Lucerne	
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