## 121000415361

(F	Requestor's Name)
(A	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
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S. CHATHAM

OCT - 6 2022

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## **COVER LETTER**

TO: Registration Se Division of Cor			
CATES AND COME	TAURANTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	endence concerning this matter		
	Margaret Seifert		
		Name of Person	-
	Mallery s.c.		
	<del></del>	Firm/Company	<del></del>
	731 North Jackson Street,		
		Address	
	Milwaukee, Wisconsin 532	202	
		City/State and Zip Code	<del></del>
	mseifert@mallerysc.com	to be used for future annual report notification	ation)
For further information c	oncerning this matter, please c		,
Margaret Seifert		414 271-2424	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address:	
Registration !	Section	Registration Secti	
Division of C	Corporations	Division of Corpo	orations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limit</u>	d Liability Com A Florida Limited	pany as it now appears on I Liability Company)	our records.)	
The Articles of Organization for this Limited Li. Florida document number <u>L21000415361</u>	ability Compan	ny were filed on 9/20/20	021	and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			NJ B
The new name must be distinguishable and contain the w		builty Company, the desig	nation like of the au	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
				<u>ರ್ಷ</u> ಕಟ್ಟರ ಎ ಕ್ಲ
Enter new mailing address, if applicable:		Marty Roeske		O L.
(Mailing address MAY BE A POST OFFICE I	BOX)	8713 Sorano Villa I	Drive	
	······································	Tampa, FL 33647		
B. If amending the registered agent and/or reagent and/or the new registered office address		e address on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Marty Roesko			
New Registered Office Address:	8713 Sorano			
		Enter Florida	street address	
	Tampa		, Florida <u>330</u>	147 <u> </u>
		City		Zip Code

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

BFLR RESTAURANTS, LLC

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>	Type of Action
MGR	Luke Roeske	18916 New Passage Blvd.	□Add
		Land O Lakes, FL 34638	
			□Change
MGR	Bret Fernandez	18916 New Passage Blvd.	
		Land O Lakes, FL 34638	■Remove
			□Change
MGR	Marty Roeske	8713 Sorano Villa Drive	<b>≣</b> Add
	Tampa, FL 33647	⊡Remove	
			□Change
MGR	Jacob Berra	29947 Morningmist Drive	
	Wesley Chapet, FL 33543	□Remove	
		□Change	
		□Add	
		□Remove	
		□Add	
	<u></u>	□Remove	
		□Change	

Effective date, if other than the date of filing:  (If an effective date is issted, 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 exercit is filed.  Dated  Dated  Sightafure of a member of authorized representative of a member	-	
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// Signature of a member or authorized representative of a member	Marks	The line of the second
	Signature of a m	nember or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee