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SUBJECT:	DANE GRILL AND WINGS LLC				
		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		DAVID BRENNAN			
			Name of Person		
		DANE GRILL AND WIN	GS LLC		
			Firm/Company		
		12742 REFUGE LANE			
			Address		
		JENSEN BEACH FL 3495	57		
			City/State and Zip Code		
		DAVEBRENNAN@BELLS			
		E-mail address: (to be used for future annual report notif	ication)	
For further i	nformation c	oncerning this matter, please ea	all;		
DAVID BR			772 485-1953		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a	i check for th	ne following amount:			
□ \$25.00 I	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

Tallaharra III 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANE GRILL AND WINGS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lu	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 09/29/2021	and assigned
Florida document number L21000427784		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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 ADDRES	(2.2	<u> </u>
		1
Enton non-mailine address if a selimina		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	,, Florid	la
	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>	Address	Type of Action
MGR	HURRICANE OF PAIN INC	12742 REFUGE LANE	
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