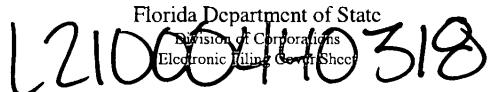
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Division of Corporations



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Account Name : LONG LAW, P.A. Account Number : I20200000163

Phone : (239)400-2060 Fax Number : (866)929-0535

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S. PRATHER

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COVER LETTER

	Registration Division of C			
CHDIE		OT RESTAURANT FL, LLC		·
Name of Limited Liability Company				
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		KEITH E LONG		
			Name of Person	
		LONG LAW, P.A.		
			Firm/Company	
		1342 SE 46TH LN. STE 5	5	
			Address	
		CAPE CORAL, FL 33904	•	
		<u> </u>	City/State and Zip Code	
		KEITH@LONGLAWFL.C		
		E-mail address: ((to be used for future annual report is	otification)
For furth	er information	a concerning this matter, please o	all:	
Name of Person		239 400-2060 al ()		
		Area Code Dayti	me Telephone Number	
Enclosed	is a check fo	r the following amount:		
■ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		n Section Corporations	Street Address: Registration S Division of Co	orporations
	P.O. Box 6 Tallahassee	327 :, FL 32314	The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

For S

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	OF ORGANIZATION	E 60 23
	OF	OCT AHA
		AS AS
THE SPOT RESTAURANT FL, LLC		13
(Name of the Limited Liability (A Florida I	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 10/08/2021	S A Seriemed
Florida document number L21000440318	<u>.</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:	.	_ _
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida 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 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	JEREMY BHIMJI	626 SE 34TH TERR	■ Add
		CAPE CORAL, FL 33904	□Remove
		<u>-</u> -	☐ Change
			□Add
			□Remove
			Change
		.	□Add
			Remove
			□Change
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If the record record is file	specifies a delayed effective da	te, but not an effective	time, at 12:01 a.m. ол	the earlier of: (b) The	90th day after the	:
	OCTOBER 12	2021			SECKE FALLAH	2021 OCT 13 AM11: 12
24.04					jar jass	当 二 二 二
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	KEITH E LONG / ATTORI		·		FLOR	=
		Typed or pri	ated name of signee			5