K21 CCC452537

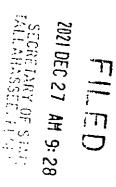
(Rec	questor's Name)	
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(City	//State/Zip/Phone #/	
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
	J. HORNE JAN 1 1 2022	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	E CAVE KOS Name of Lim	HER BAR & GR ited Liability Company	ill, 160
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	EHR (ELD Name of Person	
		Firm Company	
	<u> 2616 SW</u>	55 ST Address	
		ERDALE FL 333 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy cadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

THE CAVE KOSHER BAR & GRILL,

FILED

2021 DEC 27 AM 9: 28

THE CAVE KUSHER BA	R & GRILL, LLC SECRETARY OF STATE
(Same of the Limited Liability) (A Florida	R & OKILL, LLC SECRETARY OF STATE OF Company as it now appears on our respires AHASSEE, FLORE Limited Liability Company)
	company were filed on $\frac{11/8/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ted liability company here:
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	I office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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, <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
MGR	SHALVA LEA FARGEON	8826 EMERSON AVE, SURFSIDE	Wadd
		FL, 33154	
		□Change	
			□Add
			©Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
	-		□Remove
			□Change
		🗆 Add	
			□Remove
			□Change

_	
<u>Note:</u> It	e date, if other than the date of filing:
record d is filed	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 f.
Dated _	12/20/21
	Signature of a member of authorized representative of a member
	BJ LEHRFELD

Filing Fee: \$25.00