haa 000037855

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Gr	ub Shack	LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	SONIA	Name of Person	
0			
.0	-	Firm/Company	
	1722 Sno	aresbrook War	<u>y</u>
	Orlando	FL 32837 City/State and Zip Code	7
_	GrubShac E-mail address: (to	t 22@ amail Co be used for future annual report notifica	COM ation)
For further information conce	erning this matter, please cal	U:	
Sonia L Na	SSIF	at (407) 717-7 Area Code Daytime T	137 Celephone Number
Enclosed is a check for the fo	ollowing amount:		
 ✓ \$25.00 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 Sections of Corrections		Street Address: Registration Secti	

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

ARTICLES OF OR OF	GANIZATION
Grub Shack	ALL C SSET A SSET A SILT ON SILT OF SI
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 2200037855</u> .	ere filed on Jonuary 14,2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	lress on our records, enter the name of the new registered
Name of New Registered Agent:	4112
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addered or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	1		🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

If amending any other information, e	enter change(s) here: (Attach additional sheets, if nece	essary.)
		
		
		
		
		<u> </u>
		
		<u> </u>
	cific and cannot be prior to date of filing or more than 90 days after es not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0207 (3)
ne record specifies a delayed effective date, ord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b)) The 90th day after the
Dated May 27	. 2022 .	2022 JUN 2
Son	12, Ö	UH 2
Signatu	ire of a monther or authorized representative of a member	F11, 1
Sodia	L Nassit	108 108 108 108
	Typed or printed name of signee	