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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	tion Section of Corporations		
	sure Coast Grill Center LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are s	submitted for filing.	
Please return all co	orrespondence concerning this matt	ter to the following:	
	Christian Cea		
		Name of Person	
		Firm/Company	-
	2395 NW Cove View		8
	<u> </u>	Address	SE
	Stuart, Fl 34994		22 SEP 12 AM 10: 31
		City/State and Zip Code	
	cpceas@gmail.com		ification)
For further inform	email address	s: (to be used for future annual report not e call:	inication) ω
Christian Cea	.	772 631-8454 at ()	
1	Name of Person		ne Telephone Number
Enclosed is a chec	k for the following 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)
<u>Mailing /</u> Registra	Address: ation Section	Street Address: Registration Se	ection
Division	n of Corporations	Division of Co	rporations

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 TO ARTICLES OF ORGANIZATION OF

Treasure Coast Grill Center LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000276668	were filed on June 17 202	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, e	30 G
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dution provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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
AMBR	Christian P Cea	2395 NW Cove View Stuart Fl 34994	□Add
			■Remove
			□Change
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ffective date, if oth an effective date is lister lote: If the date inser- ocument's effective of	ted in this block do	es not meet the	applicable stat	filing or more th utory filing req	(option an 90 days after fi uirements, this o	nal) ling.) Pursuant to 6 date will not be l	605.020 isted a
record specifies a del is filed.	ayed effective date.	but not an effec	etive time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day a	fter the