# Plorida Department of State Division of Corporations Plorida Department of State Division of Corporations Electrodic Filling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

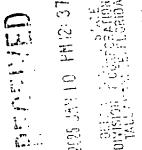
Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_EFILE1234@INCFILE.COM



# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 117 GRILL DISTRICT LLC

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Corporate Filing Menu

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K. SALY

JAN 13 2025

Tallahassee, FL 32314

## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |   |  |
|--------------------------------------|---|---|--|
|                                      | L DISTRICT LLC  |   |  |
| SUBJECT:                             | Name of Lim   | nited Liability Company   | ·  |
| The enclosed Articles of             | Amendment and fee(s) are sub                          | unitted for filing.   |  |
| Please return all correspondent      | ondence concerning this matter                        | to the following:   |  |
|                                      | LOVETTE DOBSON  |   |  |
|                                      |   | Name of Person  |  |
|                                      |   | Firm/Company  |  |
|                                      | 17350 STATE HWY 249                                   | STE 220   |  |
|                                      |   | Address   |  |
|                                      | HOUSTON. TX 77064                                     |   |  |
|                                      | EFILE1234@INCFILE.CO                                  |   |  |
| For further information of           | E-mail address: (<br>concerning this matter, please c | to be used for future annual report noti<br>all:                    | ification)   |
| LOVETTE DOBSON                       |   | 1 888-462-345   | 53   |
| Name (                               | of Person   | at ()   | ne Telephone Number  |
| Enclosed is a check for t            | he 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) |
| Mailing Addre                        | Section   | Street Address:<br>Registration Se                                  |  |
| Division of C<br>P.O. Box 631        | •   | Division of Cor<br>The Centre of T                                  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (((H25000009223 3))) |
|----------------------|
| FILED                |
| CUZS JAN 10 PM       |
| 17 5:09              |

| 112 CDU L F   | DISTRICT LLC                          | 17 S: 09                         |
|---|---------------------------------------|----------------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite   |                                       | (A) S: 09                        |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number 1.22000376367           |                                       | and assigned                     |
| This amendment is submitted to amend the following:   |                                       |                                  |
| A. If amending name, enter the new name of the limited lia  | ability company here:                 |                                  |
| The new name must be distinguishable and contain the words "Limited Lia   | bility Company," the designation "Ll. | C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | <del> </del>                          |                                  |
| (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: | e address on our records, <u>ente</u> | r the name of the new registered |
| Name of New Registered Agent:   |                                       |                                  |
| New Registered Office Address:  |                                       |                                  |
|   | Enter Florida street addre            | 258                              |
|   | , F                                   | lorida                           |

### 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 |
|--------------|------------------------|---------------------|----------------|
| AMBR         | Ramy Georgy            | 20612 Whitewood Way | □Add           |
|              |                        | Tampa, FL 33647     | ■Remove        |
|              |                        |                     | □Change        |
| AMBR         | MARKSTONE HOLDINGS LLC | 20612 Whitewood Way |                |
|              |                        | Tampa, FL 33647     | □Remove        |
|              |                        |                     | □Change        |
|              |                        |                     | □Add           |
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| tive date, if other than the                                     | e date of filing:        | he prior to date of fill | ing or more than 90                   | (optional)                            | rsuant to 605 B20                            |
| e: If the date inserted in this bument's effective date on the D | lock does not meet the   | : applicable statuto     | ry filing requirem                    | ents, this date will                  | not be listed a                              |
| cord speci <b>fies a d</b> elayed effectiv<br>i filed.           | ve date, but not an effe | ective time, at 12:0     | l a.m. on the earl                    | ier of: (b) The 90                    | th day after the                             |
| January 8,<br>ed   | 2025                     | ·                        |                                       |                                       |  |
|  |                          | 2                        |                                       |                                       |  |
| · · · · · · · · · · · · · · · · · · ·                            | Signature of a member    | Lamy Geo                 | rgy                                   |                                       |  |

Filing Fee: \$25.00