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COVER LETTER

TO: Registration Sec Division of Corp			•
Bo	55 Dance2	RAR AND GOLLE 1) C
SUBJECT:	Name of Limi	BAK (MD GRILL: L ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	WILLIAML	Name of Person	
	BG55 12An	JGZ 13 AR AND Firm/Company	G-RILL
	632 EVE	R GREEN STREET	
	PALM BAY	FLOR (OA 32) City/State and Zip Code	904
	BSDANIELS 196 E-mail address: 11	5 1998 @ GnA1L (Abe used for future annual report notifica	Com
For further information co	oncerning this matter, please co	ıll:	
William L Name o	October 15 DR	at (<u>321</u>) <u>787 - 9</u> Area Code Daytime To	3245 elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$2.\$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 Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632	-	Division of Corpo The Centre of Tal	
Tallahassee I		2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Lia	OGRILL LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>LZ2000 4 PL 557</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liability	y Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	632 EYERGREEN STREET PALMBAY FLORIDA 32907
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	632 EVERGREEN STREET PALMBAY FLORIDA 32407
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
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Tective date, if other in effective date is listed, if ite: If the date inserted cument's effective date	he date must be specific I in this block does r	e and cannot be prior not meet the applic	r to date of filing or me cable statutory filing	ore than 90 days after	r tiling.) Pursuant to 60	5.020 ted a
cord specifies a delayers filed.	ed effective date, but	t not an effective t	ime, at 12:01 a.m. c	on the earlier of: ()	b) The 90th day afte	er the
ica <u>December</u>	و 10	. 2027	-			
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