

L23000214107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

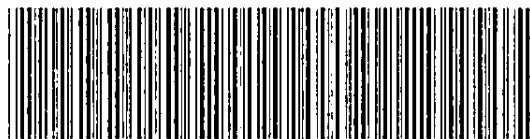
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



100407898921

FILED

2023 MAY -2 PM 12:47

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2023 MAY -2 PM 3:25

RECORDS SECTION



OFFICE OF THE CLERK OF STATE
TALLAHASSEE, FLORIDA 32301

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$ 60.00**

Authorization Signature: *[Signature]*

Red Lobster St, Clould, MN, LLC L23000214107

Business Name

Document #

☒ **X** **Certified Copy of articles**

☒ **X** **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not For Profit
☐ **INC.**
☐ Limited Liability

☐ Domestication
☐ Other
☐ **CORP**
☐ LLLP

AMENDMENTS

☒ **X** Amendment
☐ Statement of Fact

☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ☐ **Country**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RED LOBSTER ST, CLOUD,MN,LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER D DI FANTI

Name of Person

Firm/Company

20161 OCEAN KEY DRIVE

Address

BOCA RATON, FL 33498

City/State and Zip Code

CHRIS@CDFHOLDINGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER D DI FANTI

401 413-1108
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

RED LOBSTER ST. CLOUD, MN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 MAY -2 PM 12:47

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/1/2023 and assigned
Florida document number L23000214107

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RED LOBSTER ST. CLOUD, MN, LLC

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

MGR = , Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2011 MAY -2 PM 12:47
OFFICE OF STATE
ATTORNEY GENERAL, FL

FILED
JUN -2 PM 12:47
CLERK OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

5/2/2023

J. D. East

CHRISTOPHER D DI FANTI

Filing Fee: \$25.00