

L23000421392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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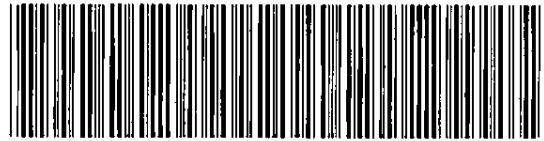
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA


CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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1111 LAS OLAS RESTAURANT, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

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____ Art of Inc. File _____
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____ Cert. Copy _____
____ ☒ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2024 JUN 28 AM 10: 12

1111 LAS OLAS RESTAURANT, LLC

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/11/2023 and assigned
Florida document number L23000421392.

This amendment is submitted to amend the following:

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

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

City

Florida

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

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>	<u>Type of Action</u>
AMBR	AMARNATH, ANAND	1508 FIELDING DR	<input type="checkbox"/> Add
		GLENVIEW, IL 60026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIELO, MARIO	4821 NE 29TH AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILLIPS, BRAD	1100 NE 11TH AVE APT. 1	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILBER, CHRIS	9441 NW 15TH ST	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY OF STATE
FALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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.

Dated June 27 2024

Valerie Izaguirre

Signature of a member or authorized representative of a member

Valerie Izaguirre

Typed or printed name of signee

Filing Fee: \$25.00