Division of Corporations

# Florida Department of State

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOBE SOUND GRILLE, LLC

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Registration Section

TO:

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#### **COVER LETTER**

Division of Corp	porations				
Hobe Sound	Grille, LLC				
SUBJECT:		Ed Liability Company			
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		In 18 61			
	Amendment and fee(s) are sub				
Please return all correspor	idence concerning this matter t	o the following:			
	Andrew R. Comiter, Esq.				
		Name of Person			
	Comiter, Singer, Baseman	& Braun, LLP			
	P	Firm/Company			
	3825 PGA Blvd., Suite 701				
	······································	Address	·		
	Palm Beach Gardens, FL 3	3410			
	<del></del>	City/State and Zip Code			
	corporate@comiterainger.oc	m			
	E-mail address: (I	o be used for future annual	report flotification)		
For further information of	oncerning this matter, please or	J1:			
Rebecca Byers		at()	<b>6-2101</b>		
Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is a check for th	e following amount:				
.□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &		
Ma House And Berry	<b>K</b>	Street A	ddr <del>ess;</del>		
Registration Section		Registration Section			
Division of Corporations .		Division of Corporations			
P.O. Box 632			ntre of Tallahassee		
Tallahassee, F	L 32314		Monroe Street, Suite 810		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A French Lind	et Captalli Contesti	
The Articles of Organization for this Limited Liability Compa	iny were filed on September 28, 2023	and assigned
Torida document number L23000449091		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	the woodpary bere:	
he new name must be distinguishable and contain the words "Limited Li	ability 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		
	<del></del>	<del> </del>
Enter new mailing address, if applicable:	,	
Meding address MAY BE A POST OFFICE BOX		<u> </u>
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		Ű۱
B. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Resistered Agent	ce address on our records, ements	#01.00 . # 10 #10 . ELL 01 #4 . 17
New Registered Office Address:	Sujer Florida street address	
	Darlies, 1, 104, 1997, 214, act, colors, and	
	Floric	la
·	Cin	
New Restricted Assessed Streethers, if changing Replaced Age	City	Zip Coae

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, Bianature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, constant the state of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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E. Effective date, if other than the date of filing:

(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)

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Dated	2023	
	ADARI	
	Speciment and appropriate of appropriate propriate propr	<u> </u>
	*	
	Andrew R. Comiter, Authorized Representative	
	Typed or printed name of signee	

Filing Fee: \$25.00