

L23000556210

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(Address)

(Address)

(City/State/Zip/Phone #)

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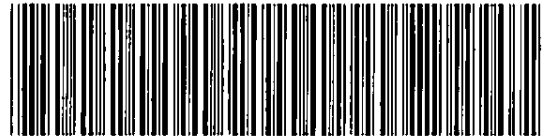
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iron Works Steaks, 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:

Emad Shahid
Name of Person

Firm/Company

132 W. Ruby St.
Address

Tallahassee, FL 32378
City/State and Zip Code

ironworks dining@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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**

Iron Works Steaks, LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 18, 2023 and assigned
Florida document number 123000556210

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

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]

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000556210
FILED 8:00 AM
December 18, 2023
Sec. Of State
tjhowell**

Article I

The name of the Limited Liability Company is:

IRON WORKS STEAKS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

132 W. RUBY STREET
TAVARES, FL. US 32778

The mailing address of the Limited Liability Company is:

509 LARGOVISTA DR
OAKLAND, FL. US 34787

Article III

The name and Florida street address of the registered agent is:

EMAD SHAHID
509 LARGOVISTA DR
OAKLAND, FL. 34787

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: EMAD SHAHID

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
GEORGE WALKER
13482 SUNSET LAKES CIRCLE
WINTER GARDEN, FL. 34787 US

Title: MGR
DAVID J PERRY
615 AVILA PLACE
HOWEY IN THE HILLS, FL. 34737 US

Title: MGR
EMAD SHAHID
509 LARGOVISTA DR
OAKLAND, FL. 34787

L23000556210
FILED 8:00 AM
December 18, 2023
Sec. Of State
tjhowell

Article V

The effective date for this Limited Liability Company shall be:

01/01/2024

Signature of member or an authorized representative

Electronic Signature: EMAD SHAHID

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

[illegible]

(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)

Dated March 27, 2024.

Emad Shahid

Typed or printed name of signee