## 124000091850

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(513,151315)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/25/24--01009--001 ++25.00

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## **COVER LETTER**

TO: Registration Division of C			
	er Inn Management, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The analogod Articles	of Amendment and fee(s) are sub	amitted for filing	
	spondence concerning this matter		
ricase return an corres	quindence concerning this maner	to the tonowing.	
	Drew Dorsy		
		Name of Person	
	Old Cutler Inn Manageme	nt. LLC	
		Firm/Company	
	5975 Sunset Drive, Suite 7	703	
		Address	
	Miami, Florida 33143		
		City/State and Zip Code	
	ddorsy@bindor.com E-mail address: (	to be used for future annual report notitication)	
For further informatio	n concerning this matter, please c	afl:	
Alicia Suros-Medina		786 286-8959	
Nam	e of Person	at ()	
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee,  Certificate of Status &  Certified Copy (additional copy is enclosed)	
P.O. Box 6	n Section *Corporations	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

Old Cutler Inn Management, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Jability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000091850</u> .	were filed on 02/21/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" 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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registered
<del></del>		
New Registered Office Address:	Enter Florida street addr	ess
	_ H	lorida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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>	Type of Action
MGR	DORSY, J. DREW	5975 SUNSET DRIVE	□Add
		SOUTH MIAMI, FL 33143 UN	<b>≣</b> Remove
			□ Change
MGR	PASCARELLA, BENJAMIN	6960 SW 111 COURT	□Add
		MIAMI. FL 33173 UN	<b>■</b> Remove
			□Change
MGR	Bindor Capital Advisors, Inc.	5975 SUNSET DRIVE, SUITE 703	<b>≣</b> Add
		SOUTH MIAMI, FL 33143	□Remove
			□Change
MGR	Ciotola Restaurant Group LLC	6960 SW 111 COURT	≣Add
		MIAMI, FL 33173	□Remove
			Change
			□Add
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lffect (an eil	tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be pri If the date inserted in this block does not meet the appl	(option to date of filing or more than 90 days after filing between the filing requirements, this contacts that the filing requirements this contacts the filing requirements.	al) ling.) Pursuant to 605.0207 ( late will not be listed as t

Dated

June 18 2024

(A- M<sub>5</sub>: of 111 (aller Inn M<sub>5</sub> t LC)

Signature of a member or authorized representative of a member

BENJAMIN PASCARELLA, MGR

Typed or printed name of signee