

L24000229299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

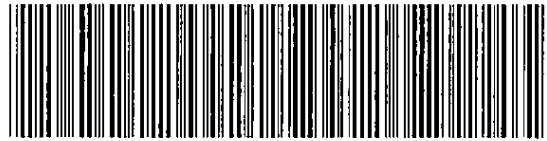
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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STATE  
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SECRET  
TALLAHASSEE, FLORIDA

2024 AUG -8 PM 4:48

RECEIVED

AL HUNT  
08/08/24

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

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 25.1  
AUTHORIZATION SIGNATURE: [Signature]

OHANA RESTAURANT GROUP, LLC L24000229299

BUSINESS ( Name) Document #.

Walk in Pick up time

Mail out Will wait

Photocopy

Certified Copies of Articles of Organization

Certificate of Status

**NEW FILINGS**

Profit  
Not for Profit  
Limited Liability  
Domestication  
CORP  
LLLP

**AMMENDMENTS**

X Amendment  
Resignation of R.A. Officer/Director  
Change of Registered Agent  
Dissolution/Withdrawal  
Merger  
Conversion

**OTHER FILINGS**

Annual Report  
Fictitious Name  
APOSTIL ( ) Country

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
Limited Partnership  
Reinstatement  
Trademark  
Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OHANA RESTAURANT GROUP, 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:

Lisa Mercado

Name of Person

Ohana Restaurant Group

Firm/Company

3450 S Ocean Blvd # 414

Address

Palm Beach FL 33480

City/State and Zip Code

aloha@bizaareave.com

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

For further information concerning this matter, please call:

Lisa Mercado

at

808 497 3177

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATE  
SECRET  
FL

AM 8:51

## OHANA RESTAURANT GROUP, LLC

Page 1 of 3

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>
MGR	Lisa Mercado	3450 S Ocean Blvd 414	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480	Remove
			<input type="checkbox"/> Change
MGR	Cameron Mercado	3450 S Ocean Blvd 414	<input type="checkbox"/> Add
		Palm Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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MISSISSIPPI

E. Effective date, if other than the date of filing: N/A (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 8, 2024.

C

Signature of a member or authorized representative of a member

## Cameron Mercado

Typed or printed name of signee