

MO1000002836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000300754100

DEPT. OF STATE
TALLAHASSEE, FLORIDA

17 JUL 28 AM 11:49

FILED

17 JUL 28 AM 11:07

RECEIVED
DEPT. OF STATE

AUG 03 2017

Y SULKER

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 7/28/17
ACCT. I20160000072

eric SW

Name:	SC Restaurant Company LLC
Document #:	
Order #:	10577863

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

<input checked="" type="radio"/> Filing:	Certified:
	<input checked="" type="radio"/> Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2017

CT CORP

SUBJECT: SC RESTAURANT COMPANY LLC
Ref. Number: M01000002836

*Corrected. Please
keep original
file date*

We have received your document for SC RESTAURANT COMPANY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PROPER TITLES ARE AMBR, MGR, MBR, MGRM FOR AUTHORIZED PERSONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00015342

OFFICE RECEIVED
17 AUG - 2 AM 10: 56

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: SC RESTAURANT COMPANY LLC

Enter new principal office address, if applicable: c/o SBE ENT Holdings, LLC
475 Tenth Avenue, 11th Floor
New York, NY 10018

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____
(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M01000002836

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 19, 2001

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
 (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

17 JUL 28 AM 11:48
 FILED
 DEPARTMENT OF TREASURY
 HALLMARKSSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change of authorized person

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Richard Szymanski	475 Tenth Avenue	<input type="checkbox"/> Add
		New York, NY 10018	<input checked="" type="checkbox"/> Remove
Member	David Hammerley	475 Tenth Avenue	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
Member	Jorge Giannattasio	475 Tenth Avenue	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

17 JUL 20 AM 11:49
 FILED
 OFFICE OF THE
 CLERK OF THE
 STATE OF FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Richard Szymanski
 Signature of the authorized representative

Richard Szymanski

 Typed or printed name of signer

Filing Fee: \$25.00