

115000000644

(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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2015 APR 22 PM 1:19  
CLERK OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
15 APR 22 PM 4:32  
DIVISION OF CORPORATIONS

APR 23 2015  
D. PRICE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 599650 7498792

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : April 22, 2015

ORDER TIME : 3:0 PM

ORDER NO. : 599650-005

CUSTOMER NO: 7498792

FOREIGN FILINGS

NAME: SBEEG HOLDINGS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

\*\*When entering the titles please show the complete/full title,  
Thank you\*\*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SBEEG Holdings, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Asally Adib-Samadian

Name of Person

SBEEG Holdings, LLC

Firm/Company

5900 Wilshire Blvd. #3100

Address

Los Angeles, CA 90036

City/State and Zip Code

AsallyA@sbe.com

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

For further information concerning this matter, please call:

Asally Adib-Samadian

Name of Person

at ( 323 )

330-8045

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

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TALLAHASSEE FLORIDA  
CLERK OF STATE

**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: SBEEG Holdings, LLC
2. The Florida document number of this limited liability company is: M15000000644
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 1/22/2015

**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  
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

City

Florida

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

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

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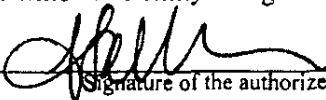
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>COB/CEO/Pres</u>	<u>SAM NAZARIAN</u>	<u>2535 Las Vegas Blvd. South</u>	<input checked="" type="checkbox"/> Add
		<u>Las Vegas, NV 89109</u>	<input type="checkbox"/> Remove
<u>CEO/P</u>	<u>SAM BAKHSHANDEHPOUR</u>	<u>5900 Wilshire Blvd. #3100</u>	<input type="checkbox"/> Add
		<u>Los Angeles, CA 90036</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
☐ Add  
☐ Remove

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.

  
\_\_\_\_\_  
Signature of the authorized representative

Asally Adib-Samadian

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**