M600002848

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TILE TO WEST HERE OF STATE

9/20/18 05

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 388003 4320503

AUTHORIZATION : Smell

COST LIMIT : \$ 25.00

ORDER DATE: September 14, 2018

ORDER TIME : 9:02 AM

ORDER NO. : 388003-010

CUSTOMER NO: 4320503

FOREIGN FILINGS

NAME: A3 OFFICE HOLDINGS, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2018

CSC

SUBJECT: A3 OFFICE HOLDINGS, LLC

Ref. Number: M16000002848

We have received your document for A3 OFFICE HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A00019495

18 SEP 19 PH 2: 18

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)

 Name of limited liability Company as it appears of State: A3 OFFICE HOLDINGS, 	
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	
2. The Florida document number of this limited liabi	lity company is: M16000002848
Jurisdiction of its organization: Delaware Date authorized to do business in Florida: Apr	t:
SECTION II (5-9 complete only the applicable ch 5. New name of the limited liability company: A3 (must o	Restaurant, LLC contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or manamust contain "Limited Liability Company." "L.L.C."	or the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enter the name of the new iress here:
Name of New Registered Agent;	
New Registered Office Address:	Enter Florida Street Address
	. Florida Zin Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe.	istered Agent: It and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this at the registered office address, I hereby confirm that the limited

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			∏Add		
			Remove		
	,		Add Remove		
			Add		
			Remove		
			Add		
			Remove		
a forementioned a	ificate, if required: no more than mendment(s), duly authenticated the law of which this entity is or	by the official having custody of reco	rds in the		
	(\alpha\text{Lett)(} Signature	of the authorized representative			

Filing Fee: \$25.00

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

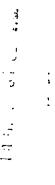
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "A3 OFFICE HOLDINGS,

LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "A3

RESTAURANT, LLC" ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2018, AT

2:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.





Authentication: 203435904

Date: 09-17-18

6007633 8320 SR# 20186690921