

MI9000 001 443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

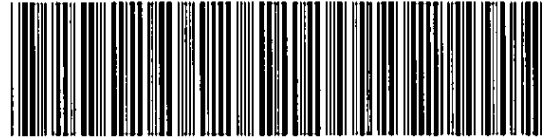
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 16 PM 3:22

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1301 E. Ninth St. | Suite 3500 | Cleveland, OH 44114

LEADING EXPERTISE. EXCEPTIONAL VALUE.

September 13, 2019

VIA FEDERAL EXPRESS

Florida Department of State
Attn: Registration Section, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Burntwood Tavern Gulf Coast LLC


Dear New Section:

Enclosed please find the following documentation relative to the above-captioned matter:

1. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida; and
2. Check No. 300871 in the amount of \$30.00 for payment of the filing fee.

Please process in your customary manner. Thank you for your attention to this matter and please call me with any questions.

Sincerely,


Emily Vaisa

ESO/ebk
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burntwood Tavern Gulf Coast 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:

Joseph Marino
Name of Person

Chef Art Pour
Firm/Company

18 N. Main St., 3rd Floor
Address

Chagrin Falls, OH 44022
City/State and Zip Code

joe@chefartpour.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Vaisa at (216) 928-2909
Name of Person 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

**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: Burntwood Tavern Gulf Coast LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M19000001443

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 2/4/2019

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.

2019 SEP 16 PM 3:22

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>CFO</u>	<u>Joseph Marino</u>	<u>18 N. Main St., 3rd Floor</u>	<input type="checkbox"/> Add
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		<u>Chagrin Falls, OH 44022</u>	<input checked="" type="checkbox"/> Remove
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<u>Manager</u>	<u>Bret Adams</u>	<u>18 N. Main St., 3rd Floor</u>	<input checked="" type="checkbox"/> Add
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		<u>Chagrin Falls, OH 44022</u>	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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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

Bret Adams

Typed or printed name of signee