## L20000186038

(Re	equestor's Name)	-
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		5/19/21

Office Use Only



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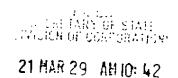
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Washington's Grill 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:	
Theodore Maniatis Name of Person	
Marth South Grill Firm/Company	
154 S Flaming a Road	
Pembroke Pines Florida 33	F60
terrymaniatis 740 gmail (on Brail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Theodore Manials at (905) 351-4067  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	f Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L200018603</u> &  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	J	and assigned
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	154 S Flamin Pembroke Pines 33027	g Road Florida
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	154 S Flamin Pembroke Pines 33027	ge Read Florida
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florula street address	
	Florid	a
	Cny	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

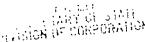
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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			[*]Change



). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary 129 AH 10: 42
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Note:	ive date, if other than the date of filing:
the recor	d 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 ed.
Dated	March 22 2021.
	March 22 2021.  Signature of a member or authorized representative of a member
	Theodore Maniatis Typed or printed name of signee

Filing Fee: \$25.00