L22000282086

(Requestor's Name)
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COVER LETTER

то:	Registration S Division of Co		
end in	110	0 Grill FL FS Naples, LLC	
SUBJE		Name of Lin	nited Liability Company
The enc	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.
		ondence concerning this matter	
		JOSEPH F. SOUT	
			Name of Person
		FOUR RIVERS L.	AW FIRM
			Firm/Company
		400 N. ASHLEY I	DR, STE 1720
			Address
		TAMPA, FL 3360	2
			City/State and Zip Code
			RRIVERSLAW.COM
			to be used for future annual report notification)
For furt	her information	concerning this matter, please c	all:
JC	DSEPH F. SOU	THRON	813 773 5105
	Name (of Person	at () Area Code Daytime Telephone Number
Enclose	d is a check for t	the following amount:	
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Section	Street Address: Registration Section Division of Corporations
	P.O. Box 632	27	The Centre of Tallahassee
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	'L FS Napl		
(Name of the Limit	ed Liability Com (A Florida Limite	pany as It now appears on our r d Lisbility Company)	ecords.)
The Articles of Organization for this Limited Li	ability Compar	ny were filed on06/21/20	22 and assigned
Florida document number <u>L22000282086</u>			
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited lia	ibility company here:	
OAR & IRON FS NAPLES, LLC			
The new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	50 7 7
(Principal office address MUST BE A STREE	T ADDRESS)		P P
			- 50 ± m
Enter new mailing address, if applicable:		N/A	OF S
(Mailing address MAY BE A POST OFFICE)	8 <i>0X</i>)		
B. If amending the registered agent and/or re agent and/or the new registered office addres		e address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street o	ddress
			_, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered eigent 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 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

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

	N/A
•	
•	
•	
-	
•	
-	
Effect	ive date, if other than the date of filing: (optional)
(If an of	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docum	ent's effective date on the Department of State's records.
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
ord is fi	
	ADDU A 2022
Dated	APRIL 14, 2023
	Signappe of a member or authorized representative of a member
	Signapore of a member or authorized representative of a member
	JOSEPH F. SOUTHRON, ATTORNEY OF RECORD
	MACUBILL CALIFFIDAX ATTAON OF ALL DEFAULT

Filing Fee: \$25.00