

LIB0001916666

(Requestor's Name)

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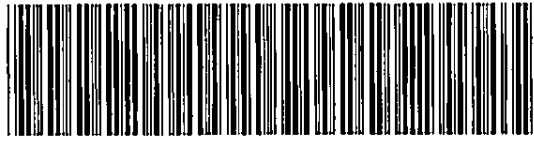
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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08/17/18--01013--022 ++30.00

Special Instructions to Filing Officer:
wrong form

Office Use Only

Amel

R. WHITE
SEP 10 2018

FILED
2018 SEP -6 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

ROBERT SCHWARTZ
661 NW 124TH PLACE
MIAMI, FL 33182

SUBJECT: BEASTRO BISTRO LLC
Ref. Number: L18000191666

We have received your document for BEASTRO BISTRO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign limited liability company, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 818A00017630

RECEIVED
18 SEP 14 10 01 AM '18
CORPORATION DIVISION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beastro Biastro 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:

Robert Schwartz
Name of Person

Beastro Biastro
Firm/Company

661 NW 124 Place
Address

Miami, FL 33182
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Schwartz at 305 546-4202
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 SEP -6 AM 11:19

Beastro Bistro LLC
(Name of the Limited Liability Company as it appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL
8/9/18

The Articles of Organization for this Limited Liability Company were filed on Robert Schwartz and assigned Florida document number L18000191666

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ana Schwartz		<input type="checkbox"/> Add
		661 NW 124 Place	<input checked="" type="checkbox"/> Remove
		miami, FL 33182	<input type="checkbox"/> Change
MGR	Robert Schwartz	6601 NW 124 Place	<input checked="" type="checkbox"/> Add
		miami, FL 33182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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