6/16/25, 3:17 PM Division of Corporations

L25000367442

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000214826 3)))

H25000214826ABC:

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)281-5520

FILED
2025 JUN 16 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: wftaxes.office@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAMA LISA'S BISTRO LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	$30.00

FILED
2025 JUN 17 AM 8:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

FILED
2025 JUN 17
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAMA LISA'S BISTRO 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:

CLEMENTE SIMPSON SHAMMA CRYSTAL
Name of Person

MAMA LISA'S BISTRO LLC
Firm/Company

2838 SW PORT ST LUCIE BLVD
Address

PORT ST LUCIE, FL 34953
City/State and Zip Code

WFTAXES.OFFICE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEMENTE SIMPSON SHAMMA CRYSTAL at (772) 879-0010
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 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

MAMA LISA'S BISTRO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/22/2022 and assigned Florida document number L22000367442.

This amendment is submitted to amend the following:

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

VIBE & DINE RESTAURANT LLC

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)

2838 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2838 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

FILED
2025 JUN 16 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

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: CLEMENTE-SIMPSON, SHAMMA C

New Registered Office Address: 2838 SW PORT ST LUCIE BLVD
Enter Florida street address

PORT ST LUCIE, **Florida** 34953
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

Title	Name	Address	Type of Action
AMBR	HOLLOWAY, ELISA	2601 SW SAINT MARYS CT	☐Add
		PORT ST LUCIE, FL 34953	■Remove
			☐Change
AMBR	HOLLOWAY, TAIT	2601 SW SAINT MARYS CT	☐Add
		PORT ST LUCIE, FL 34953	■Remove
			☐Change
AMBR	SHAMMA C CLEMENTE-SIMPSON	432 NE MIDVALE ST	■Add
		PORT ST LUCIE, FL 34983-1233	☐Remove
			☐Change
MGR	HOLLOWAY, GARY	2601 SW SAINT MARYS CT	☐Add
		PORT ST LUCIE, FL 34953	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 16TH, 2025

Signature of a member or authorized representative of a member

SHAMMA C CLEMENTE-SIMPSON

Typed or printed name of signee