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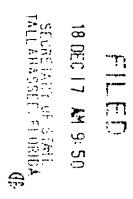
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MOLINO'S RISTAUPTY, 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:
Name of Person
MOLINO'S RISTORANTE, LLC Firm/Company 26841 SOUTH BAY DRIVE, SUITE 159 Address
26841 SOUTH BAY DRIVE, SUITE 159 Address
BONIM SPRINGS, FL 34134 City/State and Zip Code
FEWRY PUTIFIC & CONCAST. PIT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 398-4401 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, 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

MOLINO'S R	ISTORANT	E, LLC		
(<u>Name of the Limited Liah</u> (A Flori	lity Company as it nov da Limited Liability Co	<u>y appears on our reco</u> mpany)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Florida document number <u>LO3 00005104</u>	Company were filed	ion 17/09/200	<u>3</u> a	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	nited liability comp	oany here:		
The new name must be distinguishable and contain the words "L	mited Liability Compar	y," the designation "LI	.C" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	(RESS)		<u>ن کے</u>	₩
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ress on our recor	10880 1480 1480	name of the new
Name of New Registered Agent: New Registered Office Address:	50250 7 6841 SOU 1001+19 Split	TH BAY Inter Florida street addr	DRIVA, So	159 134
	City	<u>,,, </u>	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.

f 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 = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAFET PURISIL	76891 SOUTH BAY TXIN2 \$ 159	
		BONIM SPRINGS, FL 34134	Remove
			Change
			Add
			☐ Remove
		7.25/20	Change
MGR_	RONALD J. HECHTER	Z7560 RIVER REACH DRIVE	Add
		BODITA SPRINGS FL 34134	∠ □ Remove
			□ Change
 		22 S 12 P	. [_,
			Remove
		ORIDA Da	Change
			□ Add
			□ Remove
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			_□ Remove
			Change

		
	 	
		
		
		
		
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m. on the ea	arlier o
red DECEMBER 4 . 2018.		
y //y, the Signature of a member or authorized represents	ative of a member	_
'. / ' //		

Page 3 of 3

Filing Fee: \$25.00