## 107000 100501

(Re	equestor's Name)			
(Address)				
(Ad	dress)	. ,		
(Cit	y/State/Zip/Phone	e #)		
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ECRETARY OF STATE

9 FEB -6 AM II:

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: SARES	SCO SODO, LLC	25-17-17-27- G			
	(Name of Lin	nited Liability Company)			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
	Benjamin Saenz				
		(Name of Person)			
		(Firm/Company)			,
	1110B Lutyens Land	*** *******			
		(Address)			
	Celebration, FL 347			-1.0 B	
		(City/State and Zip Code)		FEB	<b>-T</b> h
For further information	concerning this matter, please of	call:		08 FEB -6 AM 11:21 SECRETARY OF STATE TALLAHASSEE, FLORID	四日日
Benjamin Saenz		at (407 ) 744-5093		H I S	
(Name	e of Person)	(Area Code & Daytime 7	'elephone Number)	22	
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 St Certified Copy (additional copy	tatus &	

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

SARESCO SODO, LLC		
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.)
	:::	7
The Articles of Organization for this Limited Liabi	ility Company were filed on <u>10/03/200</u>	7 and assigned
Florida document number <u>L07000100501</u>		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
<b>RESTAURANT MANAGEMENT SYSTEI</b>	MS. LLC	
The new name must be distinguishable and end with the "L.L.C."		designation "LLC" or the abbreviation
		08
B. If amending the registered agent and/or	registered office address on our room	
registered agent and/or the new registered office		To I
- Canton of the law is a second of the	- und 1 0.5 1101 c.	麗。
		HO =
N 6N B 1 14		AM 11:2
Name of New Registered Agent:		- <del>25</del>
New Registered Office Address:		<u>S</u> m -
	(Enter Flor	ida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	Name	Address	Type of Action
		•	Add Remove
<del></del>			Add Remove
			Add Remove
<u></u>			08 FEB -6 AM 11: 21
MARRIERO P. GERRALO, APPRILADA, FEB.			Add Removed 22
	<u></u> _		Add Remove
). If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar)	·.)
Dated <u>FEB</u>	Blanca (	B	

Page 2 of 2

Filing Fee: \$25.00