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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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· (Bu	siness Entity Nan	ne) `
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corp	porations		
SUBJECT: RESTA	URANT MANAGEM	ENT SERVICES, LLC	₽
Sebarer,		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	BLANCA DE JESUS		
		(Name of Person)	
		(Firm/Company)	
	171 S. ORANGE AVE.		
		(Address)	- The second of
	ORLANDO, FL 32801		
•	-	(City/State and Zip Code)	
For further information or	oncerning this matter, please c	all:	
	one on the state of the state o		
BLANCA DE JESUS		at (_407) 744-5093	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	-		
☑ \$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

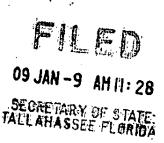
TO:

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



RESTAURANT MANAGEMENT SERVICES, 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 Lia	ability Company v	vere filed on	06/06/2008	_ and assigned
Florida document number L07000100501	··			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company	<u>y here</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limite	ed Liability C	ompany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applica	ıble:	- , ,		
(Principal office address MUST BE A STREE	T ADDRESS)			
•			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered of			on our records, enter the	name of the new
Name of New Registered Agent:	GLOBAL EQUI	TY MANAG	EMENT, LLC	
New Registered Office Address:	171 S. ORANG	E AVE.		
			(Enter Florida street addre	ess)
	ORLANDO		, Florida <u>3280</u>	
		(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 orders, 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

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Filing Fee: \$25.00