

Florida Department of State
Division of Corporations
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Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kd@CohenNorris.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENTRE NOUS BISTRO, LLC

Certificate of Status	0
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T. LEMIEUX

JAN 26 2024

TO: Registration Section
Division of Corporations

SUBJECT: Entre Nous 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:

David B. Norris, Esq.

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz & Cohen

Firm/Company

712 US Highway One, Suite 400

Address

North Palm Beach, Florida 33408

City/State and Zip Code

kd@cohennorris.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Drakas

Name of Person

561

Area Code

844-3600

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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\$60.00 Filing Fee,
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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

TO
ARTICLES OF ORGANIZATION
OF

Entre Nous 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 7/30/2008 and assigned
Florida document number L08000073185.

This amendment is submitted to amend the following:

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

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

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