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(Requestor's Name)
(Address)
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,
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(Orty/State/Zip/Fillone #)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations			
SUBJUCT	RESTAUR	ANT MANAGERS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		NABEEL ANSARI			
			Name of Person		
RESTAURANT MANAGERS LLC					
Firm/Company					
		P.O. BOX 6547			
			Address		
		ORLANDO FL 32802-65	47		
			City/State and Zip Code		
		NABEELANSARI@ME.C			
		E-mail address: (to be used for future annual repor	t notification)	
For further in	formation co	oncerning this matter, please co	ill:		
NABEEL AN	NSAR1		407 222-619	94	
	Name of	Person		ytime Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Address	_	Street Addres Registration		
		orporations		Corporations	
	Box 6327			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTAURANT MANAGERS LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fillorida document number L10000080934	led on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
he new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	2024 SEP -8
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	emer i saraa sireet aaarem
	, Florida
Cin	v 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SOPHIA ANSARI	P.O. BOX 6547 ORLANDO FL 32802-6547	□ Add
			■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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ecti	ve date, if other than the date of filing: 7/10/2024 (optional) ective 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 605.02
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
core	d 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
ted .	07/10/2024
	Nabeel Ansari
	Signature of a member or authorized representative of a member