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SECRETARY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

TO: Registration Sec Division of Corp								
SUBJECT: BUSE	Bancout Rest	fausant ((C						
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.						
Please return all correspon	ndence concerning this matter	to the following:						
		Name of Person						
Firm/Company								
Address								
Cit Cit Cit								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Samuel John	4	at (32/) 33 33 Area Code & Daytime T	1-8717					
Name of	reison	Area Code & Dayume 1	elephone Number					
Enclosed is a check for the	e following amount:							
\$25.00 Filing 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)					

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

ARTICLES OF ORGANIZATIONSECRETARY OF STATE DIVISION OF CORPORATIONS

BarBancourt R	estauran	ELLC	11 JUL 26 AI	
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	s on our records.)	i .
The Articles of Organization for this Limited Li Florida document number 4 11000005	iability Company	were filed on <u>O</u>	112/11	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here	:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compan	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applic	able:	51439	John young PA	Kwy
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando	FC 32839	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1117 APOPKa Boulevard APOPKa FC 32703		
B. If amending the registered agent and/or the new registered of			ur records, enter the	e name of the new
Name of New Registered Agent:		. Dutair	,	
New Registered Office Address:	1117 Af	ofka Bo	ouleverd	
	Alolka	dq <del></del>	er Florida street addre , Florida _3.	
		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, Thereby confirm that the limited liability company has been notified in writing of this change.

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Title** Name Address Type of Action Manager Elisma Dutair 137-61 Amelia Rond DS ☐ Add Remove dd Add Remove ☐ Add Remove □Add Remove □ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please remove Fein 270131417 add Fein Dated Signature of a member or authorized representative of a member Page 2 of 2 Filing Fee: \$25.00