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(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:]





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SER 11 MIS J. HARRIS

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: 3C'S 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:
George Dennis Name of Person
3 C'S Catering Firm/Company
2823 McIntosh Road
Aouer, Florida 33527 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 486-8092 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status □ \$60.00 Filing Fee, Certificate of Status € Certificate of Sta

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

30,21	Ristra LLC
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $1-18-2011$ and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limit 3 C'S The new name must be distinguishable and carting the great of the limit.	ited liability company here: Latering LLC ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
·	ned Liability Company, the designation LLC of the appreviation L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.	(ESS)
Enter new mailing address, if applicable:	CONTRACT CON
(Mailing address MAY BE A POST OFFICE BOX)	SS 30 S
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new
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	l 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
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			Remove
			Change
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n effective date is liste ote: If the date insecument's effective of	her than the date of filing ed, the date must be specific an exted in this block does not a date on the Department of the specific and the Department of the State of the Stat	d cannot be prior to date meet the applicable st State's records.	tatutory filing requi	rements, this date v	will not be listed
he 90th day af	ter the record is filed.	,	onecave dine, (12.VI G.III. (m the earner
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ted	Signature of Signa	member or authorized	epresentative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00