

L12000065291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

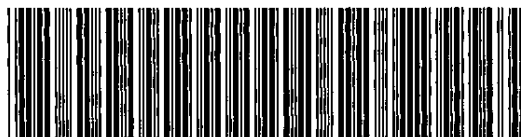
(Business Entity Name)

(Document Number)

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FILED  
2012 OCT 29 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 30 2012

EXAMINER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PEOPLE'S STEW & QUE 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 May 11, 2012 and assigned  
Florida document number L12000065291.

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 end with 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 608, 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

**MGR = Manager**  
**MGRM = Managing Member**


| <u>Title</u> | <u>Name</u>    | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------|----------------|--|--|
| MGR          | Charlene Lewis | 149 NW 108 Street<br>Miami Shores, Florida 33168 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |  |  |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                |  |  |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

2/28/23 PM 12:39

Dated October 18 2012

✓ October 18 2012  
  
Signature of a member or authorized representative of a member

Gloria Lewis

Typed or printed name of signee