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SEGRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	ON SAWY Name of Limpt	IER RESTAU ed Liability Company	RANT 11, LLC	`
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		ĩ
	ALAI	Name of Person	13 SEP 19 F	7 r
		Firm/Company	——————————————————————————————————————	1
	.	r and company	: 0 t	<u>}</u>
	8614 VI	A GIULA Address		
	BOCA K E-mail address: (10	City/State and Zip Code Lacin D VAHO o be used for future annual eport notification	33496.	
For further information co	oncerning this matter, please ca	all:		
ALAW T	ALLART) Person	at (56/) 366 O Area Code & Daytime Te	657 lephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	□\$55.00 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 TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.

(A Plorida Limited Liability Company)

	City	Zip Code
		Florida
New Registered Office Address.	Enter Florida	street address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		is, enter the name of the new
praining united MATA BETT 1001 01 1100 BOTY		
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the des	signation "LLC" or the abbreViation
A. If amending name, enter the new name of the limite		# 5: O
This anchairent is submitted to afferid the following.		-o frig
This amendment is submitted to amend the following:		2 1.9 2 1.9
Florida document number <u>/ 130000 3447</u>	7	13 SEP 19
The Articles of Organization for this Limited Liability Cor	, -,	

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

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 **Type of Action** Name CO-MGRM philippe ROUX 8614 VIA GIULA Add

BOXARATON FL 33496 Remove CO-MGRM ROUX ENTREPRISE LLC 3208 FORENT HILL Bled Remove DALM SPRINGS, FL 33406. Remove Remove

amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
. .	
	Signature of a member of authorized representative of a member
	ALAIN TALLARD PHLISE R
	Page 3 of 3

Filing Fee: \$25.00