113000050532

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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
WARM RI SUBJECT:	ESTAURANTS, 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	ondence concerning this matter	to the following:	
	Ricardo Warman		
		Name of Person	
	WARM RESTAURANTS	, LLC	
		Firm/Company	
	7695 SW 104th ST ste 100	1	
		Address	
	Pinecrest, FL 33156		
		City/State and Zip Code	
	rickywarman@gmail.com		
		to be used for future annual rep	ort notification)
For further information c	oncerning this matter, please ca	Mi:	
Ricardo Warman		305 663-1 at ()_	750
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		1	
Registr Divisio P.O. Be	ation Section on of Corporations ox 6327 assec, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle

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

WARM RESTAURANTS, LLC					
(Name of the Limi	ited Liability Compa (A Florida Limited	any as <mark>It now appears on c</mark> Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number L13000050532	Liability Company	were filed on 04/05/20	013	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ution "LLC" or the	e abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		7695 SW 104TH ST	STE 100		
(Principal office address MUST BE A STRE	ET ADDRESS)	PINECREST, FL 331	156	201 12 S	
				5.5.	1.1
Enter new mailing address, if applicable:		7695 SW 104TH ST	STE 100	L24 IASSI	, Acc 1000
(Mailing address MAY BE A POST OFFICE BOX)		PINECREST, FL 331	156		E 1 !
				<u>යිද්</u> හ	
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>ent</u>	er the name	of the
Name of New Registered Agent:	 	 			
New Registered Office Address:	7695 SW 104T	TH ST STE 100			
		Enter Florida sti			
	PINECREST		, 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 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 amendin	g Authorized Person(s) authorized to 1 from our records:	manage, enter the title, name, and	address of each person being added			
MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	WARMAN, RICARDO	7695 SW 104TH ST STE 100				
		PINECREST, FL 33156	Remove			
			Change			
			□ Add			
			□ Remove			
			☐ Change			
			□ Remove			
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			2 2			
			□ Remove			
			☐ Change			

). If ameno	ding any other information	, enter change(s) here: (At	uch additional sheets, if neco	essary.)
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Effective	date, if other than the date	e of filing:	 (optic	onal)
(If an effect Note: If documen	ive date is fisted, the date must be s the date inserted in this block of t's effective date on the Depart	pecific and cannot be prior to date loes not meet the applicable st ment of State's records.	of filing or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605.0207 (3)(s date will not be listed as the
	rd specifies a delayed eff Oth day after the record			i.m. on the earner or:
Dated	JLY 19TH	2017		
		12/1/0		
	Sion	ature of a member or authorized r		
	, sign	and or a member of authorized t	aprilation of a member	2017 ALL
	RICARDO WARMAN		<u> </u>	
		Typed or printed name	Eof signed	24
			<u>.</u>	→
		Page 3 of		AH IO.
		Filing Fee: Si	25.00	26 26