

L/4000 127 322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

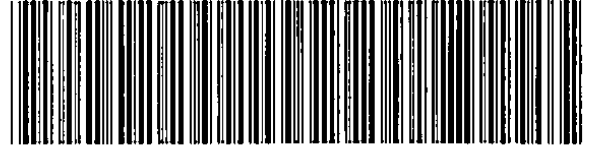
(Business Entity Name)

(Document Number)

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19 AUG -2 AM 8:13
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AUG 08 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dellagio 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:

Hassan Erroudani

Name of Person

Dellagio Bistro, LLC

Firm/Company

8000 Via Dellagio Way

Address

Orlando, Florida 32819

City/State and Zip Code

samerroudani@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hassan Erroudani

407

840-2294

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED
19 AUG -2 AM 8:13
TALLAHASSEE, FLORIDA

Dellagio Bistro, 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 August 13, 2014 and assigned Florida document number L14000127322.

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 contain 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)

8000 Via Dellagio Way

Building H

Orlando, Florida 32819

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:

Hassan Erroudani

New Registered Office Address:

8000 Via Dellagio Way, Building H

Enter Florida street address

Orlando

City

Florida 32819

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.

HASSAN ERROUDANI

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jaafar Choufani	255 South Orange Avenue	<input type="checkbox"/> Add
		Suite 1401	<input checked="" type="checkbox"/> Remove
		Orlando, Florida 32801	<input type="checkbox"/> Change
MGR	Tony Kostali	8000 Via Dellagio Way	<input checked="" type="checkbox"/> Add
		Building H	<input type="checkbox"/> Remove
		Orlando, Florida 32819	<input type="checkbox"/> Change
MGR	Hassan Erroudani	8000 Via Dellagio Way	<input checked="" type="checkbox"/> Add
		Building H	<input type="checkbox"/> Remove
		Orlando, Florida 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 24, 2019

Typed or printed name of signee