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T. HAMPTON

COVER LETTER

SUBJECT: JESOTO Choose Steak FACTORY 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:
Maria Marcario Name of Person
Name of Person
O Desoto Cheese Steath Factory LLC
303 US 301 BIVDWEST Dunit 249
Bradenson E 34205
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ciovanna Barreca at 941 565-9817 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number <u>L 150000 12 | 39</u> 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 abbre ation "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: BIVD west New Registered Office Address: Enter Florida street address

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	Maria C. Marcaid	4608 Esmont Dra	∠ □ Add
		4608 Egmont Dra Bradenton FL 34203	Remove
MER	Ciovanna Barreca	7104 49Th PL E PAlmotto FL 34221	Add
		PAINAGO 7 L 34201	□ Remove
			Add
			Remove
•		TALLAR	SECRET
			15 FEB AND PHONE: 32 SECRETARY OF STATE AND PHONE STATE AND PH
	•		: 32
			🗆 Add
			C Remove
			□ Add
			Remove

. If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Effective date	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ument is filed by the Florida Department of State)
Dated	
	,,
	1020
	stature of a member or authorized representative of a member
	Typed or printed name of signee
	Timed or printed name of ciones

Page 3 of 3

Filing Fee: \$25.00

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SECKETARY OF STATE