L150000 1965f

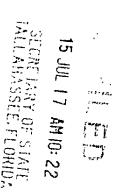
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT . MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



800274983048

07/17/15--01019--007 **30.00



JUL 2 0 2015 J SHIVERS

*COVER LETTER

TO:	Registration Se Division of Cor							
CUDI	BURGER X							
Name of Limited Liability Company								
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		RENAN MESQUITA						
			Name of Person					
		LARSON ACCOUNTING	AND CONSULTING SERVICES	LLC				
			Firm/Company	· · · · · ·				
		8615 COMMODITY CIR	STE 06					
			Address					
		ORLANDO FL 32819						
		- <u>- , , , , , , , , , , , , , , , , , ,</u>	City/State and Zip Code					
		consulting@larsonacc.com						
		E-mail address: (to be used for future annual report notifi	cation)				
For fu	rther information co	oncerning this matter, please ca	गी:					
FRANCISCO V DE CARVALHO JUNIOR		at () 3703686 Area Code Daytime						
	Name of	Person	Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	e following amount:						
□ \$2	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

DUDGED VILG

BUNGER A LLC		
(Name of the Limited Liab (A Flori	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000019658	Company were filed on 02/02/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
BILL'S BURGER LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:		enter the name of the new
	, Flori	da Sin Code
New Registered Agent's Signature, if changing Register	red Agent:	7.7. 10.4.

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 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

Title	Name	Address	Type of Action
AMBR	NELSON MIRANDA LOUREIRO	8615 COMMODITY CIR STE 06	
		ORLANDO, FL 32819	■ Remove
	·		Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			Add
			Remove
			☐ Change

			-
			-
			-
			-
			-
	·		
			-
 			-
			-
·		15	-
			-
······································			i. Zena
 <u>.</u>	SSE	~-i	11 muse 11 muse 11 muse
	OF S		(Personal)
**	0 R	∵	ا الموم _{ة ا} سما
		<u>63</u>	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00