L15000049274

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER.

Div	ision of Corp	oorations		
SUBJECT:	RESTAURA	ANT VENTURES 1.0 LLC		
Sobject.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		David Bauer		
		<u> </u>	Name of Person	
		The Bauer Law Office P.A		
			Firm/Company	
		12000 Biscayne Blvd, Suit	e 221	
			Name of Person A. Firm/Company ite 221 Address City/State and Zip Code (to be used for future annual report notification)	
		Miami, FL 33181		
			City/State and Zip Code	
		david@bauerlawpa.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
David Baue	r			
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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**

RESTAURANT VENTURES 1.0 LLC

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

	(71) fortua Elimited Elabir	my company)	
The Articles of Organization for this Limited I. Florida document number L15000049274	iability Company wer	re filed on 03-18-2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli-	cable:		·
(Principal office address MUST BE A STREE	ET ADDRESS)		सम्बद्ध <u>सम्बद्ध</u> स्टब्रिक
Enter new mailing address, if applicable:		/, m	RANY OF D
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		50
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, enter	the name of the nev
Name of New Registered Agent:	David Bauer		, , , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	12000 Biscayne Blv	⁷ d, Ste. 221	
		Enter Florida street address	
	Miami	, Florida	181
		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 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>	Address	Type of Action
MGR	CESAR A MILLAN	18164 SW 154 AVENUE	∃ Add
		MIAMI, FL 33187	Remove
	•		☐ Change
AMBR	DAVID BAUER	401 N MELROSE DRIVE	
		MIAMI SPRINGS, FL 33166	Remove
		 	☐ Change
AMBR	ANGEL ALBERTO	6390 SW 18 STREET	
		MIAMI, FL 33155	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
		<u> </u>	Add
		···	Remove Change
			D Add D STATE Gremove
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effec	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
<u>te:</u> If cumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
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ted _	08 02 7016
	Alley The The Total of the Tota
	Signature of a member or authorized representative of a member
	The second secon
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Filing Fee: \$25.00