# <u>L15000049274</u>

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bı	usiness Entity Nan	ne)		
(Do	ocument Number)			
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#### **COVER LETTER**

Div	ision of Corp	oorations	я ж.		
SUBJECT:	RESTAURA	ANT VENTURES 1.0 LLC		ž	
00020		Name of Limit	ted Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		DAVID BAUER			
			Name of Person		
		THE BAUER LAW OFFIC	CE P.A.		
			Firm/Company		200
		12000 BISCAYNE BLVD,	SUITE 221		
			Address	**	
		MIAMI, FL 33181			
			City/State and Zip Code		
		DAVID@BAUERLAWPA.			
		E-mail address: (to	o be used for future annual report notif	fication)	
For further in	nformation co	oncerning this matter, please ca	ll:		
DAVID BA	UER		305 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

RESTAURANT VENTURES 1.0 LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000049274	were filed on $\frac{03/12/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10840 SW 104 STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33176
Enter new mailing address, if applicable:	12000 BISCAYNE BLVD, SUITE 221
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33181
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
********	, Florida

#### 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>	<u>Address</u>	Type of Action
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		MIAMI, FL 33187	■ Remove
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			□ Change
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(If an e	(option of the date of filing:	filing.) I			
	cord specifies a delayed effective date, but not an effective time, at 12:01	a.m. o	n the	earlie	r of:
	e 90th day after the record is filed.				
) Th	October 20, 2016.				
) Th	October 20, 2016.				
) Th					

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Filing Fee: \$25.00