## L15000147680

(Demissed de Nierra)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of Status _	
· <del></del>	
Special Instructions to Filing Officer:	
·	

Office Use Only



300292958693

12/07/15--01006--018 \*\*25.00

16 DEC -7 AH 9: 40 DIVISION OF MARKET AND/OR

O SIMMONS DEC 1 2 2016

## **COVER LETTER**

то:	Registration Se Division of Cor			
CHDI	V BISTRO			
SUBJ	ECI:	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub	-	
		Michael M. Bajalia, Esq.		
			Name of Person	<del></del>
		Bajalia Law Office, P.A.		
			Firm/Company	
		11512 Lake Mead Avenue	.,#301	
			Address	
		Jacksonville, FL 32256		
	City/State and Zip Code mbajalia@bajalialawoffice.com			
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	all:	
Mich	ael M. Bajalia, Esq.		904 352-1121 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$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)
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V BISTRO JAX, LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited L Florida document number <u>L15000147680</u>	iability Company were filed	on	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	any here:	
			07. <b>5</b>
The new name must be distinguishable and contain the		"the designation "LLC" or the	e abbreviation "L.L. "
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		2 A 9: 40
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	9726 Touchton Road #105		
	En	ter Florida street address	
	Jacksonville	, Florida	32246
	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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Řem <b>y</b> e
			Remode  Change  Add A G
			Remove
			Change
·			□ Add
			Remove
			☐ Change
			Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) .		
-	. •		
_			
_			
_			
_	<del></del>		
_		16.	Cana
_		BEC	
		육 4	£
_		16 DEC -7 AM 9: 40	•
-		M 9: 40	
_	· · · · · · · · · · · · · · · · · · ·	<del>=</del> 5	
		774	
_			
_			
_			
_	· · · · · · · · · · · · · · · · · · ·		
_			
E <b>ffecti</b>	Ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	ant to 605 0207 (	3)/h
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	ot be listed as the	he
aocum	ent's effective date on the Department of State's records.		
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of:	
	90th day after the record is filed.		
	1011		
Dated _	NUV. 30 2016		
	4		
	Signifure of a member or authorized representative of a member		
	Elton Melo, Managing Member Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00