5/18/2016

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Division of Corporations -

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COVER LETTER

TO: Registration Section Division of Corporations						
		ESTAURANT LLC				
SUBJEC	T:	. Name of Lim	ited Liability Company			
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Please ret	rum all correspor	dence concerning this matter	to the following:			
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;		Sarah Gulati, Esq.				
			Name of Person			
	. , ,	Gulati Law, P.L.				
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•			Firm/Company			
		479 Montgomery Place				
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		· ·	Address			
•		Altamonte Springs, Florida	i, 32714 · · · · · · · ·			
	:		City/State and Zin Code		対応 智	
	· · ·	- 05 (2) 1 1	City/State and Zip Code			
:		office@gulatilaw.com			圣器 美	NAMES OF TAXABLE PARTY.
	:	: E-mail address; (t	to be used for future annual report notifi	ication)	2016 MAY 18 SECRETARY	سنن ا
For furthe	r information co	ncerning this matter, please ca	พ่:		SECTION OF	
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Sarah Gul	lau, Esq.		407 900-5054	•	, c	
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	Division P.O. Box	of Corporations	Division of Corpora Clifton Building	tions		
•		see, FL 32314	2661 Executive Con	iter Circle		
:		•	Tallahassee, FL 323			

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	
IA FIORICA LAIN	mpany as it now appears on our records.) ited Liability Company)
() () () ()	and Diagnos Company,
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/15/2015 and assigned
Florida document number L15000175502	
;	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The state of the s	TANDER TO THE PARTY OF THE PART
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	479 Montgomery Place
(Principal office address MUST BE A STREET ADDRESS	Altamonte Springs, Florida 32714
· :	
Enter new mailing address, if applicable:	479 Montgomery Place
(Mailing address MAY BE A POST OFFICE BOX)	Altamonte Springs, Florida 32714
Hirduing agaress 1971 DE AT OUT OF THE BOM	**************************************
	· · · · · · · · · · · · · · · · · · ·
registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, enter the name of the new here:
New Registered Office Address:	Page 1
	Francisco Charles and Advances Co. Chi.
	Enter Florida strect address
	Florida II
New Registered Agent's Signature, if changing Registered Ag	City: Florida F. Zip Code
	City: Florida F Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	City: Ci
provisions of all statutes relative to the proper and comp.	City: Ci
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	City: Ci
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	City: Ci
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	City: City: City: Agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or if this cocument is fice address, I hereby confirm that the limited liability
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	City: Ci

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or removed from our records: MGR = Manager AMBR = Authorized Member 'Title Name Address Type of Action MGR TARIQ AJAZ ANSARI P.O. Box 60316 Dammam 31545 ☐ Remove Saudi Arabia ☐ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove SECOND CON INC. TART OF STA OF L _□ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

For Sunbix Page 10 of 16

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Effective	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. Prisuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the date of	ട്ടും
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not it's effective date on the Department of State's records.	Ge listed
	P	NA I
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier
The 9	Oth day after the record is filed.	
Dated	May 16th, 2016.	ተከ ቴ
	5	
	Signature of a member or authorized representative of a member	

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