## L16000015952

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## **COVER LETTER**

Tallahassee, FL 32314

	gistration Se vision of Cor			,			
MATIAS RESTAURANT GROUP LLC.							
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Robert Haupert					
			Name of Person		-		
		MATIAS RESTAURAN	T GROUP LLC.				
			Firm/Company		-		
		1841 CLEVELAND ST	APT #1				
			Address		-		
		HOLLYWOOD, FL 3302	20				
			City/State and Zip Code		-		
		starbucksbob1954@gma	ail.com			** 3	
		E-mail address: (	to be used for future annual report notification	1)	<del></del>	2621	
For further in	nformation co	oncerning this matter, please c	all:			AUG G	; .
Robert Hau	pert		954 534-6964 at ()			30 /	į
	Name of	f Person	Area Code Daytime Telep	ohone Number		AH 9: 00	; B - 46.5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enclosed is a	check for th	e following amount:				0	
<b>■</b> \$25.00 I	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fi Certifical Certified (additional	te of Stati Copy		
Re	iling Address gistration S vision of Co		Street Address: Registration Section Division of Corporat	ions			
	). Box 632	-	The Centre of Tallah				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manas Restaurant Group LLC				_
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) by Company)		
The Articles of Organization for this Limited l Florida document numberL16000015952	Liability Company were	filed on 01/22/2016	and	assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability of	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation	"L.L.C."
Enter new principal offices address, if appli	cable:			·
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office addre	ss on our records, enter the	name of the	new_registered
agent and/or the new registered office addre	ess here:		Z,C	021
Name of New Registered Agent:	Robert Haupert			AUS 30
New Registered Office Address:	1841 CLEVELAND	ST APT #1	) 58. ( )	<u> </u>
<del>-</del>		Enter Florida street address	(0)	ر بو
	HOLLYWOOD	, Florid	a 33020	00
	C	'ity	Zip Co	de

## 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
MGR	Jenny Rissone	2613 Okeechobee Lane FORT LAUDERDALE, FL 333	12 □Add
			<b>®</b> Remove
	,		□Change
MGR	NICOLETA STOIAN	1841 CLEAULAND ST HULYWOOD, FR.	<b>3</b> ∧dd
		<del></del>	□Remove
			Change
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ective date, if other than the reffective date is listed, the date mu	date of filing:	or to date of filing	or more than 90 des	(optional)	nt to KNS (	いつハコ
te: If the date inserted in this b	lock does not meet the app	licable statutory	filing requiremen	ts, this date will no	t be lister	d as
cument's effective date on the D	cpartment of State's record	IS.				
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Typed or printed name of signee