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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LA 15 LA REST,	AURANT BAR + GRI Limited Liability Company	11	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	eter to the following:		
DAVID C	OPUTO Name of Person		
LA ISLA	RESTBAR + Grill Firm/Company		
140 ESTAT			
LAKE MAR)	Y F1 32746 City/State and Zip Code	30 20 10 10 10 10 10 10 10 10 10 10 10 10 10	-
indio 15990 E-mail addres	©GMAi (. COM ss: (to be used for future annual report notifi	AUS 29 Cation)	
For further information concerning this matter, pleas	e call:	置 記 で	
DAVID COLUTO Name of Person	at (<u>407</u>) 607-9 Area Code Daytime	7986 S	
Enclosed is a check for the following amount:			
\$\Bigsize \text{\$\scrtam{\scrtam{50.00 \text{ 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 enclo	

MAILING ADDRESS:

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

LA 15LA RESTAURANT BART Grill LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2-5-20/6 and assigned Florida document number ___ L 160000 25040 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DAVID COLUTO Name of New Registered Agent: 140 ESTATES circle LAKEMARY F/ 32746
Enter Florida street address New Registered Office Address: LAKEMARY, Florida 32746

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>l itie</u>	<u>Name</u>	Address	I vpe of Action
MGR	DAVID COUJO	140 ESTATES circle	•
		LAKE MARY F1 32746	Remove
			Change
AMBR	DAVID COUNTO	140 ESTATES circle	Add
		Lake MHMY F1 32746	☐ Remove
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cument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at	12:01 a.m. o	n the	earlier
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Page 3 of 3

Filing Fee: \$25.00