L160000435600

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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	ettuce è Tomato	Restaurant, LLC	
	Name of Li	imited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are so	abmitted for filing.	
Please return all con	теspondence concerning this matte	er to the following:	
	Roy 9	Starobinsky Name of Person	
	Lettuce à	Tomato Restaurant,	uc
	17070 W	Dixie Hwy Address	
	North Miam	Beach, FL 3316 City/State and Zip Code	0
	<u>nabileaguya</u>	and the restaurants: (to be used for future annual report not	ification)
For further informa	tion concerning this matter, please	call:	
	Tarobinsky ame of Person	at (<u>954</u>) <u>240.</u> Area Code Daytin	77 44 ne Telephone Number
/	for the following amount:		
S25.00 Filing F	ee \$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)
R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations enter Circle

TO ARTICLES OF ORGANIZATION OF

LETTUCE & TOMATO RESTAURANT, LL	2010 555 0 511 -
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) PH 3: 4.
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL16000043560	03/03/2016 and assigned
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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 registered agent and/or the new registered office address here:	on our records, <u>enter the name of the </u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	Florida street address

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 a 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejo Chovela	9349 Collins Ave # 603 Surfside, FL 33154	
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ective date, if other than the date of filing: 5ept. 1, 2019 (optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
effective date is used, the date must be specific and earnor be prior to date of fining of more than 90 days after fining.) Fursdan	
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Filing Fee: \$25.00