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FILEO SECRETARY OF STATE DIVISION OF CORFORATIONS

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COVER LETTER

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SUBJECT:		REËS BURGERS BAR LLC	:	
SOUTE !.		Name of Lir	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	n all correspo	ondence concerning this matter	r to the following:	
		HERNANDO CELY		
			Name of Person	
		305 DEGREES BURGE	ERS BAR LLC	
			Firm/Company	
		425 Ne 22nd Street ap	1006	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Miami, FL 33137		
		<u></u> -	City/State and Zip Code	
		305BURGERS@GMAIL.		
		E-mail address: (to be used for future annual report notific	cation)
For further in	iformation co	oncerning this matter, please c	all:	
HERNANDO	O CELY		786 3290198	
-	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling Fcc	☐ \$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)

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

305 DEGREES BURGERS BAR 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 08/22/2016 _ and assigned Florida document number L16000156851 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 "LLC" 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: Name of New Registered Agent: New Registered Office Address: Enter 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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>	Address	Type of Action
MGR	IVAN GARZON	9190 FOUNTAINBLEAU BLVB	□ Add
		MIAMI, FL 33172	Remove
			Change
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