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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

	e Of Flavor Restaurant	
SUBJECT:		
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	Cliff Flambert	
	Name of Person House Of FLavor Restaurant	
	Firm/Company 13737 NW 7 Ave	
	Address Miami FL, 33168	· · · · · · · · · · · · · · · · · · ·
	City/State and Zip Cod CHefguyhouseofFlavor@gmail.com	e al report notification)
	E-mail address: (to be used for future annua	
For further inform	ation concerning this matter, please call:	S 30
Cliff Flambert	786 4	86 2843
	Name of Person Area Code	Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is expressed)	Certificate of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

House OF Flavor Restaurant		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 09/06/2016	and assigned
lorida document number L16000165858	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	····
		3 ·
		or co
nter new mailing address, if applicable:	····	
Mailing address MAY BE A POST OFFICE BOX)		20 ()
		<u> </u>
		№
 If amending the registered agent and/or registe egistered agent and/or the new registered office addre 		rds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code

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 Lubens Frederic	Lubens Frederic	Please Removd	Add
		2315 NW 97th Street	
		MIAMI. FL 33147	■ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filir	(optional)	- 405 02
te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	tive time, at 12:01 a.m.	on the e	arlier (
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Page 3 of 3

Filing Fee: \$25.00