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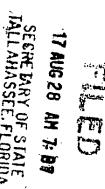
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AUG 29 2017 J SHIVERS

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: WORLD BUFFET TTALTAN GRELLE, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAFAEL ROSARZO Name of Person
Firm/Company
3695 MURRELL RD. #104
ROCKLEDGE, FL 32955
Rocklenge, FL 32955 City/State and Zip Code Droidsmart I com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
RAFAEL ROSARFO at (321) 301 - 4430 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$Certified Copy (additional copy is enclosed)\$\$ \$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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD BUFFET ITALIAN GRIUE, TNC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(71:000	a Bianted Blabting Company)			
The Articles of Organization for this Limited Liability (Company were filed on $9/29/201$	and assign	ned	
Florida document number L160001	82224			
Tiorida document number	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C	2."	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADD	RESS)			_
			· · · · · · · · · · · · · · · · · · ·	_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				_
				_
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of	the :	<u>new</u>
registered agent and/or the new registered office add	uress nere.	<u></u>		
Name of Nam Basistaned Assets		¥¥S	بع	
Name of New Registered Agent:		23	→	_
New Registered Office Address:	Enter Florida street address	—————————————————————————————————————	_ 5 _	· · · · · · · · · · · · · · · · · ·
	Enter riorida street daaress	SSE	8	Salami Parens
	, Florida	7m Co	=	- 4 - Greens
	•	Zip Gr ue 1	<u>۔</u> پنج	- Farmer
New Registered Agent's Signature, if changing Registered		DRIA .	ab.	منبيته.
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered c	complete performance of my duties, and I am f	familiar with	and	
being filed to merely reflect a change in the register company has been notified in writing of this change	red office address, I hereby confirm that the lin	nited liability		

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>	Address	Type of Action
MGR	ARTHUR METROPOULOS	1311 HERETAGE ACRES	BUN Add
		ROCKLEDGE, FL	Remove
		32955	Change
			Add
			□ Remove
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Filing Fee: \$25.00