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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T SCHROEDER

COVER LETTER

	Registration Sec Division of Corp			
erin rezi		UFFET ITALIAN GRILLE LI	I.C	
SUBJEC	.1: <u> </u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		RAFAEL ROSARIO		
			Name of Person	
			Firm/Company	
			Address	
		3695 MURRELL RD UNI	T 104	
		ROCKLEDGE FL 32955	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
RAFAEI	L ROSARIO		321 271-4728	
	Name of	Person	at ()	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$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:

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

WORLD BUFFET ITALIAN GRILLE LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>-ds.</u>)
e Articles of Organization for this Limited Liability C	Company were filed on 09/29/2016	and assigned
orida document number L16000182224	<u>_</u> .	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		_
incipal office address MUST BE A STREET ADDI	RESS)	
		E C T
		10 ARY SSE
ter new mailing address, if applicable:		្ទីទ 📆
ailing address MAY BE A POST OFFICE BOX)		25 v O
		<u> </u>
		(I)
If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida Zip Code
	Сиу	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>	Name	Address	Type of Action
MGR	PANAGIOTIS MITROPOULOS	1311 HERITAGE ACRES BLVD ROCKLEDGE FL 32955	
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			□ Add
			□ Remove
			☐ Change
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				11/26/2018						
E. Effectiv	ve date, if other t ctive date is listed, the	han the dat date must be :	e of filing: specific and o	cannot be prior	to date of tiling	or more than 90 c	(<mark>optiona</mark> Javs after tilin	l) g.) Purse	iant to 6	05.0207
Note: 1	If the date inserted in the date of the da	in this block	does not me	et the applica	able statutory					
oo tunic	one of the control of	on the Bepair	inem or su	are 3 records.						
If the reco	ord specifies a (delayed efi	fective da	ite, but no	t an effecti	ve time, at 1	2:01 a.m	. on th	ne ear	lier of
(b) The	90th day after i	the record	is filed.							
	NOVEMBER 26			2018						
Dated _		7/	// /		<u> </u>					
	$X \setminus Y \sim$	tres 1	///^	1	26					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00