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Special Instructions to	Filing Officer:	
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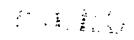
## COVER LETTER . . .

то:	Registration Se Division of Cor			
SUBJE	CCT:	EAT	SAMBA LLC	
			nited Liability Company	
		Amendment and fee(s) are sub	_ 1	
			ANGELA MACK	
			Name of Person	
		TAX ACCOUNT	ING & FINANCIAL Firm/Company	SPECIALISTS LLC_
		2295 S	HIAWASSEE RD S	SUITE 407F
			Address	
			·D. 41/20 5/ 00/04 5	2005
			RLANDO-ELORIDA : City/State and Zip Upde	3.2835
		CRE	ا :ATRIX@CFL.RR.	COM
		E-mail address: (	ATRIX@CFL.RR.( to be used for future unfinal	report notification)
For fur	ther information co	oncerning this matter, please co	all:	
ANGELA MACK		MACK	at (_407)	710-0808
	Name of	Person	Area Code	Daytime Telephone Number
_	ed is a check for th	e following amount:		
<b>34</b> 32.	.oo riiliig ree	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en-	Certificate of Status &
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, F1, 32314	Registral Division Clitton 1 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, FL 32301

## ARTICLES OF AMENDMENT

## TO

ARTICLES OF ORGANIZATION **OF** 



17 JUL 24 AM 11:57

	EAT SAMBA	LLC	SECONDARY OF WARRE	
( <u>Name of the Lim</u>	ited Liability Company as (A Florida Limited Liabilii	t now appears V Company)	व्यक्तिमार्ग के उन्हेंद्र हो स्वर्धिक विकास व	
The Articles of Organization for this Limited I	Liability Company were	tiled on	10/07/2016 and assigned	
Florida document numberL16000186257	,			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liability c	ompany her	<u>re</u> :	
N/A		1		
The new name must be distinguishable and contain the	words "Limited Liability Co	pipany." the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	<u>.                                    </u>		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE		ĺ		
framing data cas mer in the first of the case		<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	•	 address on 	our records, enter the name of the new	
Tegaret and the teachers and teachers				
Name of New Registered Agent:	N/A			
-		i		
New Registered Office Address:	N/A	Enter Flori	de street address	
		itv	, Florida Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
<del>-</del>	*			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfi gistered agent as provid registered office addr	rmance of i led for in C	ny duties, and I a <mark>m famil</mark> iar with and hapter 605, F.S. Or, if this document is	

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 = M AMBR = A	anager uthorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MBR	BITTAR NETO, THEODORO	2295 S. HIAWASSEE RD STE 407C	ਈ Add		
		ORLANDO, FL 32835	□ Remove		
		1	Change		
MBR_	TEIXEIRA BITTAR, MARTA	2295 S. HIAWASSEE RD STE 407C	⊠ Add		
		ORLANDO, FL 32835	Remove		
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Effective date, if o	ther than the date of	filing:			(optional)			
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ne record specifi	ies a delayed effect	ive date hut no	nt an eff <i>i</i>	ective timo lat	12:01 a.m. o	on the ea	rlior <i>i</i>	of:
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Filing Fee: \$25.00