

1/30/2017

Division of Corporations

16000219056

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((HJ70000281453)))



H170000281453ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : F & S PROJECTS CORP
Account Number : T20120000041
Phone : (954)482-9681
Fax Number : (954)482-8696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@fandsprojects.com

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
17 JAN 31 AM 8:48

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAS OLAS EATING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2017 JAN 31 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

FEB 01 2017

Y SULKER

(H170000281453)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAS OLAS EATING 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 FERRER

Name of Person

F&S PROJECTS CORP

Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3

Address

WESTON, FL. 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL FERRER

954

482.9681

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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:
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

(H17000028145 3)
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LAS OLAS EATING 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 12/02/2016 and assigned Florida document number L160000219056

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 "L.L.C."

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

_____, 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

(H170000281453)

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>	<u>Type of Action</u>
MGR	NADDEO, ANTONIO	1 EAST BROWARD BLVD.	<input type="checkbox"/> Add
		SUITE 700	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL. 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 JAN 31 2017 15:27
 TAMPA, FLORIDA

