

L16000219056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

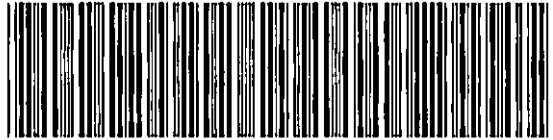
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL -2 PM 1:43

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JUL 05 2018

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:

ANNA RITA TALERICO

Name of Person

TOTAL RESTAURANTS, LLC

Firm/Company

1530 SE 12TH STREET

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

ANNA@JATARO.COM

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

For further information concerning this matter, please call:

ANNA RITA TALERICO

954 864-4027
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

**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 L16000219056.

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)

904 E. LAS OLAS BLVD
FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10 JUL -2 PM 1:43
GENERAL REGISTERED AGENT DIVISION OF REVENUE

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: SARA T. RICHARDS

New Registered Office Address: 904 E. LAS OLAS BLVD.

Enter Florida street address

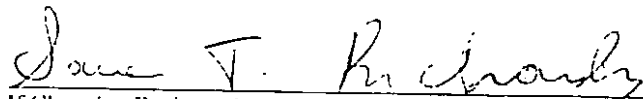
FORT LAUDERDALE, Florida 33301

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>	<u>Type of Action</u>
AMBR	RAFAEL FERRER	1920 N. COMMERCE PARKWAY	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOTAL RESTAURANTS, LLC	4040 GALT OCEAN DR.	<input checked="" type="checkbox"/> Add
		SUITE 611	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
AMBR	PIAZZA RESTAURANT GROUP.	4040 GALT OCEAN DR.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<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

