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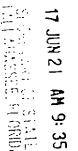
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S. WARREN 'JUN 2 3 2017

COVER LETTER

Division of Cor	porations		
F&B COST SUBJECT:	ELARIA RESTAURANTS L	LC	
NODALS I	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RENATA ALCANTARA		
		Name of Person	
	ACCOUNTING PLUS PR	ROFESSIONAL SERVICES, INC.	
		Firm/Company	
	3803 NW 7TH PL		
		Address	
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	
	RENATAALC@HOTMAI		
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please c	all:	
RENATA ALCANTARA	N.	954 913-1520 at ()	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

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

F&B COSTELARIA RESTAURANTS LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on <u>02/13/2017</u>	and assigned			
Florida document number 1.17000034533					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	21065 S POWERLINE RD # A4				
Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33433 US				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	21065 S POWERLINE RD # A4 BOCA RATON, FL 33433 US				
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		enter the name of the no			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
- -	, Flori	ida Zip Code			
	Cuy	zsp Coae			

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 lithility 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
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		BOCA RATON, FL 33434	- D		
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