L1700034533

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
6 7		
100		
- 1 TO	Office Use O	nly
当時に	ر ۲ ا ا	



800306236588

12/05/17--01016--018 **25.00

ELIKETARY OF SIAIT

D. SCOTT
DEC 6 2017

COVER LETTER

	egistration Sectivision of Corp						
SUBJECT		LARIA RESTAURANTS L	LC				
SOBJECT	Name of Limited Liability Company						
The enclos	ed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please retu	rn all correspond	dence concerning this matter	to the following:				
		RENATA ALCANTARA					
			Name of Person				
		ACCOUNTING PLUS PR	OFESSIONAL SERVICES, INC				
			Firm/Company				
		3803 NW 7TH PL					
			Address				
		DEERFIELD BEACH, FL	. 33442				
			City/State and Zip Code				
		RENATAALC@HOTMAI					
For further	information cor	E-mail address: (accerning this matter, please co	to be used for future annual report noti all:	THE THE THE			
RENATA	ALCANTARA		954 913-1520	ne Telephone Numbern			
	Name of F	Person	Area Code Daytim	[0]. S.			
Enclosed is	a check for the	following amount:		A CONTRACTOR OF THE CONTRACTOR			
\$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

F&B COSTELARIA RESTAURANTS L	LC					
(<u>Name of the Limited Lia</u> (A Flo	pility Company as it now appears on our records.) rida Limited Liability Company)					
The Articles of Organization for this Limited Liability	Company were filed on 02/13/2017	and assigned				
Florida document number L17000034533	·					
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the l	imited liability company here:					
ALL RIBS COSTELARIA LLC						
The new name must be distinguishable and contain the words "I	imited 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 AD	DPESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		FS = 71				
		707				
		92 F 177				
B. If amending the registered agent and/or re	gistered office address on our records, ent					
registered agent and/or the new registered office a	ddress here:	2:				
		5				
Name of New Registered Agent:						
New Registered Office Address:						
registered office / teaters.	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

.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> **Address Type of Action** _□ Add □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add □ Remove Change □ 吕 Add Ċ 上□ Change _ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

									
	***************************************		·						-
									-
									_
									_
					<u> </u>		•		•
									-
									-
			***						_
							7	()) () () () () () () () () (
	***							위	Ì
							<u></u>	1	(30) (30)
 			<u>-</u> .				- 12. N		ſŢ.
							7	J C	
							물로	2: 4	
		<u> </u>					ア	ठ	-
									-
fective d	ate if other th	an the date of	filing: 11/21/	2017		(0	ptional)		
n effective	date is listed, the	date must be specif	fic and cannot be	prior to date o	filing or more	than 90 days	after filing.)	Pursuant to 605	5.020
		n this block does in the Departmen			utory ming re	quirements,	, inis date v	viii not de iist	.eu a
record	specifies a d	elayed effecti he record is f	ive date, bu	it not an ef	fective tim	e, at 12:0)1 a.m. c	n the earli	er (
500	, day areer e	ic record is in	ncu.						
ited	11/30		. 20	17					
				······································	1	1			
			3 }			1			
	· ·	- Planeture	:∖ of a member, or	C C		momban			

Page 3 of 3

Filing Fee: \$25.00