

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.

(((H230002315223)))



H230002315223ABCLI

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

PECAL WENT OF STATES OF TALL STATES

mail Address:		
---------------	--	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIESTA ADULT CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

923 JUN 30 PM 2: 83 Georet Ally Of STATE ALL MIASSEC, FLOWER

APPROVEL AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

W Brumbl≠y

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

fiesta Alu	1/1 Center 2	LC		
( <u>Nam<b>e</b> of the Limited Liabil</u> (A Florid	ity Commany as it now upnears or a Limited Liability Company)	uar records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	3/04/201	Z_ and assign	ed
Florida document number <u>L/7000 05!18</u>	<u> </u>		, -	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Linbility Company." the design	nation "LLC" or the ab	obreviation "1,.L.C.	
Enter new principal offices address, if applicable:	<del></del> -			
(Principal office address MUST BE A STREET ADDR	(ESS)		2023	
			JUN 3	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	rds, <u>enter the nam</u>	e of the new re	<u>gistered</u>
Name of New Registered Agent:	Steven 1	NELC.		<del></del>
New Registered Office Address:	78/6 NEZn	d. Ave		*
	Enter Florida s  City	, Florida	33/3(	<u> </u>
New Registered Agent's Signature, if changing Registered			Zip Code	
I hereby accept the appointment as registered agent t		anity I timeless		1.7 .1
o y pri sina adalaminamente do se Gistos en distant	ma agree to act in this cape	acuy. 1 juriner agi	ree to comply v	vith the

Thereby 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 603, 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

MGR = Manager

\_\_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AHBR	Steven Wolf	7816 NE 2nd Avo Miani, FZ 33138	JEAdd
		Miani, FZ 33138	□ Remove
			□Change
			□∧dd
			□ Remove
		****	©Change
			□Add
		<del></del>	□Remove
			□Change
<del></del>			DbbA⊡
			□Remove
			Change
<del></del>	110		🖸 Add
			DRemove
			Change
<del></del>			□Add
			🗆 Remove

17. 11 111	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	tive date, if other than the date of filing:  (optional)  (incrive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3), if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of, (b). The 90th day after the filed.
Dated	
	Signature of a member of authorized representative of a member