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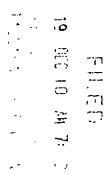
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JAN 1 4 2020 S. YOUNG

### Ocho Rios Caribbean Restaurant LLC SUBJECT: 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: Godfrey K. Nkwantabisa Name of Person Ocho Rios Caribbean Restaurant LLC Firm/Company 723 Eglin Parkway NE Address Fort Walton Beach FL 32547 City/State and Zip Code OCHORIOSGOODEATING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GODFREY K. NKWANTABISA 785 375-4493 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

IV:

### ARTICLES OF ORGANIZATION OF

益

OCHO RIOS CARIBBEAN RESTAURAI		. <sub>=</sub>
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.17000075538	Company were filed onAPRIL 4 2017	and assigned
This amendment is submitted to amend the following:		<u>.</u>
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fanager and not owner. Further, this amendment is filed to set the records straight that Mrs. Ursula ikwantabisa no longer has ownership interest in Ocho Rios Caribbean Restaurant LLC.	
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tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs f the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
nt's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	on the earli
90th day after the record is filed.  DECEMBER 2	
DECEMBER 2 2019	

Typed or printed name of signee