## 117000/46509

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The District Gastrobor	<u>LL</u>				_
( <u>Name of the Limited Liability Company as it i</u> (A Florida Limited Liability)	now appe Company	<u>ars on our records.</u> ) )	1		
The Articles of Organization for this Limited Liability Company were fi	led on _	07/07/1	7	and	assigned
lorida document number L17000146509					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability con	mpany l	here:			
The District Gastrobar . Hosp	itali	ty Group	LLC	` <del>=</del>	
he new name must be distinguishable and contain the words "Limited Liability Comp	oany," the	designation "LLC" of	or the abb		"L.L.C."
nter new principal offices address, if applicable:				201	
Principal office address MUST BE A STREET ADDRESS)			_,`,.	. 5	:   
				?>	1
				T!	TT .
nter new mailing address, if applicable:			•	ر. لہب	J
Mailing address MAY BE A POST OFFICE BOX)			*~	တ	
. If amending the registered agent and/or registered office adegistered agent and/or the new registered office address here:	ldress o	n our records,	enter t	he nan	ne of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:					
	Enter Fl	orida street address			
		, Flori	ida		
City	,			Zip Co	de

## 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

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

IGR = Manager .MBR = Authorized Member

<u>'itle</u>	Name	Address	Type of Action
MGR	Nicole Di Pietro	2859 Marsala Court	
		orlando, Fl 32806	Remove
			☐ Change
<del></del>		~	Add
			Remove
			Change
		185	
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			ک ا کت □ Remove
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			D Change
_			Add
			C Remove

f amending any other information, enter change(s) here: (Attach addition)	onai sneets, ij necessary.)
	<del></del>
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	2
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	32 Q
Tective date, if other than the date of filing:	(antianul)
an effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier
ated October 14th, 2018.	
<i>i</i> ———	
Signature of a member or authorized representative	of a member

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Filing Fee: \$25.00