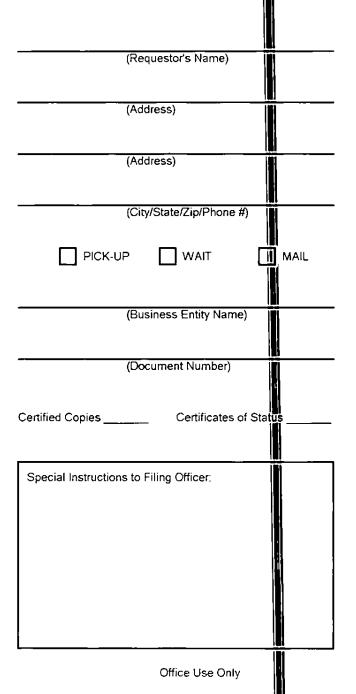
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COVER LETTER

TO: Registration Sect Division of Corpo				
	HAM-BUR-G U E	SA BROWARD LLC		
SUBJECT:	Name of Um	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
	dence concerning this matter			
		SVALDO MARTINEZ		
		Name of Person		
	O&J PR O FI	ESSIONAL SERVICES INC		
		Firm/Company		
	1355	0 SW 88 ST STE 150		
		Address		
		MIAMI FL 33186		
	<u> N </u>	City/State and Zip Code		
	(1)	EMARTINEZ@AOL.COM		
	E-mail address:	to be used for future annual report not	ification)	
For further information co	ncerning this matter, ple ts e o	all:		
OSVALDO MARTINEZ		305 446-4006 at ()		
Name of Person		Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of States	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &	
	Certificate of States	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
			(additional copy is circlosed)	
MAILING ADDRESS:		STREET/COURIER ADDRESS:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
	ssee, FL 32314	2661 Executive C Tallahassee, FL 3		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMBBUR-GUE'SA BROWARD LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 08/01/2017 The Articles of Organization for this Limited Liability Company were filed on _ and assigned 1.17000163443 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREE ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 Type of Action <u>Address</u> <u>Name</u> <u>Title</u> 8100 NW 53 RD ST STE 274 **GUSTAVO SIDELNIK** MGR □ Add DORAL FL 33166 **■** Remove _□ Change _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change bbA 🗖 ☐ Remove _□ Change _□ Add ☐ Remove _□ Change

lf amending	any other information, enter	r <mark>change(s) here:</mark> (Attach additional sheets, if necessary.)	
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If an effective d	te, if other than the date of fi late is listed, the date must be specific	e and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	207 (
Note: If the of document's e	date inserted in this block does n ffective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed of State's records.	ast
		18	
he record s	specifies a delayed effectiv	redate, but not an effective time, at 12:01 a.m. on the earlier	of:
The 90th	day after the record is file	ed! ill	
	NOVEMBER 21	2017	
Dated			
		Disery Chizalde	
_	Signature (of Imember or authorized representative of a member	
		JIMMY ELIZALDE	
		Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00