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LAZARUS CORPORATE

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		LESTAURANT GROUP, L		
(Name of the Limiter	Liphility Comp Florida Limited	ony os it now appears on our Liability Company)	recordi.)	
The Articles of Organization for this Limited Lia Florida document numberL17000241423	bility Compan	y were filed an11/22/201	7 and assigned	d
This amendment is submitted to amend the follow	ving:	Ψ,		
A. If amending name, enter the now name of t	he limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the wor	rds "Limited Lieb	ility Company," the designation	"LLC" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applical	ble:	N/A ·		<u>.</u>
(Principal office address MUST BE A STREET	ADDRESS)	<u></u>		_
			7	是工
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Enter new mailing address, if applicable:		N/A		0 11
(Mailing address MAY BE A POST OFFICE B	OX)		••	至し
			97	
			Ž.n.	25
B. If amending the registered agent and/or registered agent and/or the new registered offi-	r registered o ce address hei	effice address on our re	cords, enter the name of th	
Name of New Registered Agent:	Ν̈́Α		<u> </u>	
New Registered Office Address:	N/A	· <u> </u>		
		- Exist Florida street	address	
			, Florida	
		Cīņ	Zφ Code	

## New Registered Agent's Signature, if thanging 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

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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

Title	Name	<u>Address</u>	Type of Action
MGR	Manual GARCIA MARTINEZ	7930 NW 36 STREET #30	
		DORAL, FLORIDA 33166	☐ Remove
			□ Change
MGR	YSBE IZQUIERDO	7930 NW 36 STREET #30	Add
		DORAL, FLORIDA 33166	■ Remove
			Change
MGR	YSBE FIGUEREDO	7930 NW 36 STREET # 30	Add
		DORAL, FLOREDA 33166	☐ Remove
			[I] Change
			☐ Add
			□ Remove
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If the reco	rd specifies a delayed effective 10th day after the record is filed	date, but not an effective time	, at 12:01 a.m. on the ear	fler of:
1	ANUARY 26	2018		
Dated_				
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	Signature of a	manber of authorized representative of a	rienba	
	Signame (ii a	1/		

Page 3 of 3 Filing Fee: \$25.00