## 11800000 6038

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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Y SULKER SEP 0.4 2019



August 15, 2019

FG RESTAURANT AND HOSPITALITY CONSULTING GROUP LLC 10222 NW 64 WAY #103 DORAL, FL 33178

SUBJECT: FG RESTAURANT AND HOSPITALITY CONSULTING GROUP LLC Ref. Number: L18000006038

We have received your document for FG RESTAURANT AND HOSPITALITY CONSULTING GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00016908

Yasemin Y Sulker Regulatory Specialist III

2019 SEP -3 PM 2: 0

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
subject: <u>FG_R</u>	estauvant and Name of Lim	Hospitality Consu	Iting Group LLC
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Adami</u>	Sa Almeida Name of Person	
		Firm Company	<del></del>
		7751 NW 10	7 Ave, # 417
	Doral	FL 3317 City/State and Zip Code	8
	Adanisa @	City/State and Zip Code  (mai). Om  to be used for future annual report notit	ication)
For further information s	concerning this matter, please of		
Adamsa	Almeida	at ( 786 ) 346 - Area Code Daytime	0945 Telephone Number
finelosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 ussee, FL 32314	STREET/COURT Registration Section Division of Corpor Clifton Building 2001 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FG Kestanvanf and Hosp (Name of the Limited Liability Compa) (A Florida Limited I	vitality (on sulting Group LLC  vasit now appears on our records.)  jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18 Ø Ø Ø Ø 6</u> Ø 38	were filed on 01 08 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	$\lambda / / A$
The new name must be distinguishable and contain the words "Limited Liability	ny Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	10222 NW 64 way, #10 Doral, FL 33178
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)	same as above
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	N/A ST
	Enter Florida street address
	Cay Zap Code

## New Registered Agent's Signature, if changing Registered Agent:

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Adanisa Almeida	11461 Lakeside Dr. 42	LOZ C Add
		Doval, FL 33178	Remove
			Change
M <u>ER</u>	Wilmer F. Gracia	10222 NW 64 way, #10	3_ <b>X</b> Add
		Doval, FL 33178	Remove
			Change
	*****		Add
			Remove
			Change
			□ Remove
			🗆 Change
			□ Add
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			□ Change
			D Add
			□ Remove
			□ / Tu

•	ending 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: 08/31/20/9 (optional) (fective date is listed, 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.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	08/31/2019
	Signature of a member or authorized representative of a member
	ADANISA ALMETED.
	l'yped or printed name of signée

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Filing Fee: \$25.00