L:18000010087

. (Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		ļ

Office Use Only



100313308961

05/18/18--01010--012 **25.00



COVER LETTER

TO: CRegistration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

AREA GASTRO BAR 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: RAUL RODRIGUEZ Name of Person RODRIGUEZ & COMPANY Firm/Company 8200 NW 41 STREET SUITE 200 Address MIAMI, FLORIDA 33166 City/State and Zip Code INFO@RODRIGUEZR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAUL RODRIGUEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy , (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clitton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREA GASTRO BAR LLC							
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Lia Florida document number L18000010087 This amendment is submitted to amend the follo	ability Company		and assigned				
A. If amending name, enter the new name of	the limited liah	oility company here:					
N/A							
The new name must be distinguishable and contain the wo	irds "Eimited Labi		abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		8570 NW 61ST STREET					
(Principal office address MUST BE A STREE)	(ADDRESS)	DORAL FLORIDA 33166					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered o		er the name of the new				
	X1/ X		.				
Name of New Registered Agent:	<u> </u>		- 10				
New Registered Office Address:			32 A				
		Enter Florida street address . Florida	335E				
		City	Zip Code				
New Registered Agent's Signature, if changing R	<u>egistered Agent:</u>		部でり				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my duties, and I an provided for in Chapter 605, F.S. C	n familiar with and Fr. if this document is				

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
AMBR	CAPTURE IT WORLD, LLC	8570 NW 61ST STREET	□ Add
		DORAL, FLORIDA 33166	■ Remove
			Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

			<u> </u>				_
• • •							_
							_
							_
					_		
							_
				_			_
							_
							_
					Àà	35	T
					LAHASSE	_ _	_
					<u> </u>		ــ <mark>ب</mark> ــ
						- 13	_ Ċ
					ORID.	 Gri	
•							
	,						_
		N/A					
ective date, if other than the effective date is listed, the date is		g:	to date of tiling	or more than 90 da	(optional) ivs after filing.) Pur	rsuant to 6	05.020
e: If the date inserted in this	block does not n	neet the applic	able statutory				
ument's effective date on the	Department of S	tate's records.					
record specifies a delay	ad affactive d	lata but no	t an official	in time at 17	0:01 a.m. on	tha aar	diara
he 90th day after the re		ate, but no	c an enecu	ve time, at 12		tile ear	nei o
ed <u>MAY 15</u>	_ ,	2018	21				
		SH	7				
		a luck feeler					

Typed or printed name of signee