Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000099 Phone : (305)358-1310 : (305)503-6701 Fax Number

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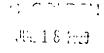
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RQ PIZZA AND PASTA LLC

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| Certificate of Status | |
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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 (47 10 7/10:40

| RQ PIZZA AND PASTA LLO | ; | |
|--|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company vi Florida document number L18000028490 | | and assigned |
| | • | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "ELC" or | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | · | · |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | · | |
| Enter new mailing address, if applicable: | | · |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | Annual of the section | |
| No. of the second of the secon | dduses on our records anter the | name of the new registered |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | agress on our records, enter the | name of the new registeree |
| | • | |
| Name of New Registered Agent: | and the second | a graphic in the state of the formation of the state of t |
| | | |
| New Registered Office Address: | Enter Florida street address | A harmoning statement of the statement o |
| | Florid | la |
| | Cin | Up Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and l provided for in Chapter 605, F.S | am familiar with and . Or, 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 |
|--------------------------------|---------------|--------------------------|----------------|
| MGR | MARCOS FREIRE | 200 CRANDON BLVD STE 110 | = Add |
| | | KEY BISCAYNE, FL 33149 | 🗆 Remove |
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| MARCOS FREIRE | MANAGER | 85% | |
|--|---|--|--|
| ROBERTA QUEIROZ | MANAGER | 15% | |
| | | 24 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
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| if the date inserted in this bloment's effective date on the D | lock does not meet the applicable partment of State's records. | (optional date of filing or more than 90 days after filing le statutory filing requirements, this date at 12:01 a.m. on the earlier of: (b) | ie will not be lis |
| filed. | | | |
| JULY 08 | 2020 | | |
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