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(Requestor's Na	me)
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity	Name)
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C111	n irzw.	REST-FRA	NKFORT-475 VERSAILLES	RD, LLC	
SUI	BJECT:		Name of Limited Liability Company		
The	enclosec	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	use return	all correspo	ondence concerning this matter	to the following:	
				Brian George	
				Name of Person	
				Calas Group	
				Firm/Company	
			77	77 SW 37th Avenue Suite 51	0
				Address	
				Miami, FL. 33135	
				City/State and Zip Code	
			P Y 14.775 7	Bgeorge@calas.us	
For	further is	nformation c	er-man address: (to be used for future annual repo all:	or notification)
Brian George				305 at ()	4955222
		Name o	f Person	at () Area Code I	Daytime Telephone Number
Enc	dosed is :	i check for th	ne following amount:		
	\$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REST-FRANKFORT-475 VERSA	JILLES RD, LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our y Company)	records.)		
The Articles of Organization for this Limited Liability Company were	9/2018	and assigned		
Florida document numberL18000043743				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	company here:			
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation	n "LLC" or the abbrev	iation "L.L.C.	
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			— <u>A</u>	SECRE
			 _	
Enter new mailing address, if applicable:			P	79860 7087 1337
(Mailing address MAY BE A POST OFFICE BOX)			င္မာ	RAN
			22	ĐE E
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our r	ecords, enter the	name of	the nev
	_			
New Registered Office Address:	Enter Florida street	address		
		Florida		
	ity .		'ip Code	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIANORA MACHADO	1600 NW IST AVE, UNIT 1003	
		MIAMI, FL 33129	
			□ Change
MGR	DIANORA MEDICI	1600 NW 1ST AVE, UNIT 1003	= Add
		MIAMI, FI. 33129	□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Remove
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ective date, if other than the date of filing:			_ (optional)		
reflective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the			lays after filing.) Pursu		
cument's effective date on the Department of State's					
record specifies a delayed effective date	but mat an af	`	2:01		
record specifies a delayed effective date, The 90th day after the record is filed.	out not an en	ecuve time, at 1	2:01 a.m. on th	e earne	er o
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ted August 13th . 2	208				
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Typed or printed name of signee

Filing Fee: \$25.00