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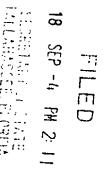
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor	porations •	•	
SUBJECT: <u>Do.</u>	S Amigos I	Talian Hestaur ited Liability Company	enn Fines, Lh
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TATUCIA.	Name of Person	Zera CP
	The Elias	SLAW FIRM, Firm/Company	ALC
	15500 N		ad # 104
	Mami.	Address FL =	33014
	Relia S	City/State and Zip Code e//a S/a W. / to be used for future annual report noti	DeT
PATRICIA C	oncerning this matter, please ca	all: 4 (305) 40=	3-0055
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

TO: Registration Section

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

DOS ANIGOS TITA	ruan Kestaurani Lines LLC
(Name of the Limited Liabi	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	1 /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	里 D 22
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	
New Registered Office Address:	L. Charles and Advance
	Enter Florida street address

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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
A4BR	SARJAY SOOD	3556 SW 173 WAY MIRAMAR, FL 32029	⊠ Add
		MIRAMAR, FL 32029	Premove □
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 9. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	0 days after filing.) Pursuant to 605.0207
cord specifies a delayed effective date, but not an effective time, at a 90th day after the record is filed.	12:01 a.m. on the earlier of
August 30 20/8	
/ year /	
Signature of a member or authorized representative of a mem	ber
1 Delin Stree TITE	

Page 3 of 3

Filing Fee: \$25.00