## 48000086427

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
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## **COVER LETTER**

Division of Corp			
SUBJECT:	The Ital	ian Job, LLC	
	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Pete	Per Economys Name of Person	
	EKRADMY	Restaurant-Deve Firm/Company	10pment Group
	4815W Bort	St. Lucie Pard.,	Suite D
	Port St. La	LCICIFL 34953 City/State and Zip Code	3
	E-mail address: (1	Myayahoo. Co	) ication)
For further information co	oncerning this matter, please ca	ail:	
Peter Eco	DN DN 45 Person	at (772) 201 - Area Code Daytime	2325 : Telephone Number
Enclosed is a check for th	e 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 Addres	e.	Street Address:	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number <u>L18000086427</u> .	were filed on 4/5/18 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S 202
Principal office address MUST BE A STREET ADDRESS)	20/20 F E B S C C F E D T A V L L J
	(,
Inter new mailing address, if applicable:	PR T
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regist
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip 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, 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
MBR_	Courtney Internoscia	9985 Sw Stonegate Drive	<u></u> □Add
		Port St. Lucie, FL 31987	Remove
			Change
			□Add
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Effective date, if other than the date of filing:		(opt	ional)	605 030
f an effective date is listed, the date must be specific and cannot be <b>Note:</b> If the date inserted in this block does not meet the a	pplicable statutory	or more than 90 days and filing requirements, th	er ming.) Pursua nis date will no	t be listed as
document's effective date on the Department of State's rec	ords.			
e record specifies a delayed effective date, but not an effect	ive time, at 12:01 a	.m. on the earlier of:	(b) The 90th	day after the
rd is filed.			` '	•
100 200 20	~ -			
Dated January 28. 20	<u>20</u> .			
Signature of a member or	authorized represent	ative of a member		
Viginitia VI Villandi				

. . . .