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(((1118000170293 3)))



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To:

Division of Corporations

Fax Number : (858)517-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 1280808080205 Phone : (305)416-6800 Fax Number : (305)415-6811

\*\*Enter the email address for this ousiness entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 1050 @ G.C

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOMIYA RESTAURANT, LLC

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Tallahassee, FL 32301

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## **COVER LETTER**

lon orations		
ESTAURANT, LLC		
Name of Limit	td Liability Company	
mendment and fee(s) are subr	uitted for filing.	
Jose M. de la O		
	Name of Person	
AGI Registered Agents, Inc		
	Firm/Company	
1000 Brickell Ave., Suite 3	00	
	Address	
Miami, Florida 33131		
	City/State and Zip Code	<del></del>
jose@agi-ra.com	o be used for future annual report no	otification)
	305 416-6800	
Person	Area Code Dayti	ime Telephone Number
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S30.00 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)
ING ADDRESS: ation Section n of Corporations ox 6327	Registration Sec Division of Corp Clifton Building	oorations S
	Person  For all of Person  For a	Person  Same of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  Jose M. de la O  Name of Person  AGI Registered Agents, Inc  Firm/Company  1000 Brickell Ave., Suite 300  Address  Miami, Florida 33131  City/State and Zip Code  jose@agi-ra.com  E-mail address: (to be used for future annual report not an incerning this matter, please call:    S30.5

06/05/2010 16:08 3054166811

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((((118000170293 3)))

MOMIYA RESTAURANT, LLC	
(Name of the Limited Liability Company as It now appears on our reco (A Florida Limited Liability Company)	rds.)
(A Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on June 1, 2018	and assigned
orida document number L18000137214	
his amendment is submitted to amend the following:	, and
. If amending name, enter the new name of the limited liability company here:	် တ
OSS COW RESTAURANT, LLC	<u> </u>
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our reco	rds, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florida street ada	lress
	Florida
City	Florida Zzp Code
ew Registered Agent's Signature, if changing Registered Agent:	
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

MGR = Manager

PAGE 04/05 (((H18000170293))))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	MBR = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add  Remove
			Change
			Add
		<del></del>	□ Remove
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			□ Change

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	.8
	- Or
	(antique)
rective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the a boundary's effective date on the Department of State's rec	(optional)  Eprior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed cords.
e record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier
ated June 5 2018	·
Signature of a member of	authorized representative of a member

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