L18000272487

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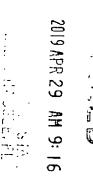
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C. GOLDEN MAY 1 3 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Le Bon Abbetite Creale Cuisine Fish & Bri	į
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
1=liene Joseph Name of Person	
Le Bon poppetite Greate Cusing Fish & Gril	ļ
3161 West Oakland Park,	
Oakland Park FL 33311 City/State and Zip Code	
Le bouns de file 3/6/0 amoit Com E-hail address: (to be used for future artingal report hotification)	
For further information concerning this matter, please call:	
Eliene Joseph at (305) 588-6563 Name of Person at (306) Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

He (Reale Curvene Fish & Grill LL, C Liability Company as It now publicates on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11-26-2018 and assigned Florida document number / 18000272487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

2019 APR 29 AM 9: 18

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Title Name AMBR Labrousse Jean _□ Add 3161 west ackland Park paklan Park PL 38311 _□ Change AMBR Etiene Joseph 3161 West Orak and Park poor ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Remove Change □ Add ☐ Remove _□ Change _D Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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ective date, i	f other than the	e date of filing: _ st be specific and can	11-24	1-18	(optio	onal) Gling V Browner to	. ens nav
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ument's cited	ave date on the D	Department of State	's records.				
record spe	cifies a delave	d effective date	e. but not an	effective time	e. at 12:01 a	.m. on the ea	arlier (
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Filing Fee: \$25.00