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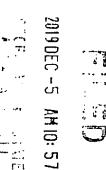
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## **COVER LETTER**

TO: Registration Se Division of Cor		*	
		OPICAL BISTRO LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		KATYA MOLERO	
		Name of Person	
	İ		
		Firm/Company	<del>. ,</del>
	1	PO BOX 770843	
	<del></del>	Address	
	ı	WINTER GARDEN FL 3477	77
	<del></del>	City/State and Zip Code	
		NORI@IROCPA.COM	
		to be used for future annual report	notification)
	oncerning this matter, please c		
	GNES ALVELO	407 at () Area Code Da	913-8044
Name o	d Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	he 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
	1		(additional copy is enclosed)
	İ		
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section I Corporations 27	The Centre	Section Corporations of Tallahassee nroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TROPICAL BISTRO, LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	<del></del>	
The Articles of Organization for this Limited I Florida document numberL190000971	· · ·	04/08/2019	and assigned	
	, , , , , , , , , , , , , , , , , , ,			
This amendment is submitted to amend the fol	iowing:			
A. If amending name, enter the new name of	of the limited liability company l	<u>nere</u> :		
	FORK AND FLORA LATIN BIST	TRO LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "IEEC."	
Enter new principal offices address, if appli	cable:		190	3
(Principal office address MUST BE A STRE.	ET ADDRESS)			. 7
			<u> </u>	
	1		7	յ <u>ყ</u> —
Enter new mailing address, if applicable:	1		i j	_2
(Mailing address MAY BE A POST OFFICE	E POV)		- Fig. 5	
B. If amending the registered agent and/or agent and/or the new registered office address.		records, <u>enter the na</u>	me of the new register	<u>-ed</u>
Name of New Registered Agent:	•			
•				
New Registered Office Address:	Enter Fl	orida street address		
	· !	Florida _		
	l City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of sistered agent as provided for in cregistered office address. I her	of my duties, and I am Chapter 605, F.S. O	n familiar with and r, if this document is	he
	I .			

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:

i

MGR = M AMBR = A	anager uthorized Member	1		
<u>Title</u>	Name		Address	Type of Action
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		I		□Change
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## Page 2 of 3

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effo ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited .	12/2/19
	3 61
	Signature of a number or authorized representative of a member
	KATYA MOLERO
	I NATTA MOLERO

Page 3 of 3

Filing Fee: \$25.00