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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

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

Email Address: CAROASTED GOMON

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA FARANDULA BISTRO LLC

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## ARTICLES OF AMENDMENT

ARTI	CLES OF ORGANIZATION
s'	OF
	2019 OCT 25 🙉 1: e3
	ARANDULA BISTRO LLC
(Name of the Limite)	d Liability Company as it now appears on our records) A Florida Limited Liability Company) MELAHASSER, FLORICA
he Articles of Organization for this Limited Lia	ability Company were filed on 06/05/2019 and assigned
lorida document number L19000142166	•
his anxendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	•
Principal office address MUST BE A STREET	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	
Julian General	
<ol> <li>If amending the registered agent and/or egistered agent and/or the new registered offi</li> </ol>	or registered office address on our records, enter the name of the lice address here:
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address  Florida  City Zip Code

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 heing 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Yhonatan Gonzalez Arenas	2699 Biscayne Blvd	
		Miami, FL 33137	□ Add
		811atai, 112.33137	Remove
			☐ Change
MGR	Andres N Martin	2699 Biscayne Blvd	,
		Miami, FL 33137	U Add
			☐ Remove
			☐ Change
AMBR	Luis Fernando Gaviria Ramirez	2699 Biscayne Blvd	
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fun effective	dose is listed, the date must be date inserted in this block effective date on the Depar	does not meet the appli	icable statutory filing req	nen 90 days after filing.) Purv juirements, this date will r	uant to 605.0207 tot be listed as
<u>Note:</u> II the			nt an effective time	. at 12:01 a.m. on th	ne earlier of
Note: 11 the locument's course of the record :	specifies a delayed ef h day after the record	Tective date, but n Is filed.			
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