To: 18506176383 From: 12143052508 Date: 10/30/19 Time: 9:36 AM Page: 01/04

10/30/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW COWBOY'S TEXAS, LLC

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T. LEMIEUX

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To: 18506176383 From: 12143052508 Date: 10/30/19 Time: 9:36 AM Page: 02/04

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION DE LE

NEW COMBOAS.	TEXAS LLC (2013-007-30) P 3:36
(Name of the Limited Liability Compa (A Florida Limited I	ny ag it now appears on our records.) Liability Company)
	Liability Company) Liability Company) Liability Company) Liability Company) Liability Company) All Liability Company All Liability
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Plorida document number 1.19000180943	
This 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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	800 NE 195TH STREET
Principal office address MUST BE A STREET ADDRESS)	APT 413
	MIAMI, FL 33179
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of	
egistered agent and/or the new registered office address her	<u>e</u> :
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 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

Page 1 of 3

(((H19000320959 3)))

To: 18506176383 From: 12143052508 Date: 10/30/19 Time: 9:36 AM Page: 03/04

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	ALEJANDRO FABIAN HASSAN	800 NE 195TH STREET APT 413 MIAMI, FL 33179	Add
			Remove
			Change
			Add
			Remove
			☐ Change
		Remove	
			Change
		☐ Add	
			☐ Remove
			☐ Change
			D Add
		☐ Remove	
			☐ Change
			Remove
			Change

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H190003209
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•	
Effect	ive date, if other than the date of filing: 10/28/2019 (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
(t)(.u))	that a credite date of the Department of Date a records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $6:90$ th day after the record is filed.
Dated	Octuber 28 2019
	Signatur of authorized representative of a member

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Typed or printed name of signee