

L19000200152

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP
Account Number : I20190000068
Phone : (407)326-8484
Fax Number : (407)604-6519

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TALLAHASSEE

JUN 03 2021

A. LUNT

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

Email Address: Adm@medeirossouza.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GR SERVICES, RENTALS & SALES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GR SERVICES, RENTALS & SALES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THAYS KLOPPERS

Name of Person

MEDEIROS SOUZA CORP

Firm/Company

845 N GARLAND AVE, STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

adm@medeirosouza.com

E-mail address: (to be used for future annual report notification)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thays Kloppers

407

326-8484

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR SERVICES, RENTALS & SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2019 and assigned Florida document number L19000200152.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIOS BISTRO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16750 TOCCOA ROW

(Principal office address MUST BE A STREET ADDRESS)

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

16750 TOCCOA ROW

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN, FL 34787

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:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

Enter Florida street address

ORLANDO

Florida 32801

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 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 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

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ST. JOHNS
TALLAHASSEE, FLA.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ORLANDO 06.02.2021

2

Signature of a member or authorized representative of a member

Ruihen Souza

Typed or printed name of signee

Filing Fee: \$25.00