Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MEDEIROS SOUZA CORP Account Name

Account Number : I20190000068 : (407)326-8484 Phone : (407)604-6519 Fax Number

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

Email Address: Contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RIOS BISTRO LLC**

Certificate of Status	1
Certified Copy	0
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DEC 07 2021 A. LUNT

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COVER LETTER

	on Section f Corporations			
RIOS SUBJECT:	BISTRO LLC			
SUBJECT:	Name of Limited Liability Company			
	es of Amendment and fee(s) are submitted for filing.			
Please return all co	respondence concerning this matter to the following:			
	Rubem Souza			
Name of Person				
	MEDEIROS SOUZA CORP			
	Firm/Company			
	845 N GARLAND AVE, STE 100			
	Address			
	ORLANDO, FL 32801			
	City/State and Zip Code contact@medeirossottza.com			
	E-mail address: (to be used for future annual report notification)			
For further inform	tion concerning this matter, please call:			
Rubem Souza	407 326-8484			
	ame of Person Area Code Daytime Telephone Number			
Enclosed is a chec	for the following amount:			
□ \$25.00 Filing	Fee \$\Bigsquare \$\\$30.00 \text{ Filing Fee & } \Bigsquare \$\Bigsquare \$\Bigsquare \$\\$55.00 \text{ Filing Fee & } \Bigsquare \$\Bigsquare \$\\$60.00 \text{ Filing Fee, } \\ \text{Certificate of States} \\ \text{tadditional copy is enclosed} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}	tus &		
<u>Mailing/</u> Rogistrs	ddress: tion Section Section			

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

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

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company has been notified in writing of this change.

14076046519

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RIOS BISTRO LLC			EC XA
(Name of the Lin	nited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	-6 GG
The Articles of Organization for this Limited Florida document number 1.19000200152	Liability Company were filed on _	08/06/2019	and assistant L
This amendment is submitted to amend the fo	llowing:		J
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		_
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses and agent and agent and agent and agent and agent agent agent agent.	_	records, <u>enter the nan</u>	ne of the new registered
-	845 N GARLAND AVE, STE I	00	
New Registered Office Address:		orida street address	
	ORLANDO	Florida	2801
	Ciţy		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 pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	per and complete performance o gistered agent as provided for in	of my duties, and I am J Chapter 605, F.S. Or,	familiar with and if this document is

To: +18506176383

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14076046519

From: RUBEM SC

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
AMBR	BRUNO CHEF LLC	3341 CALLERTON RD	□Add
		CLERMONT, FL 34714	■Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Remove
			Change
			🗖 Add
			□ Remove
			□Change
			□Add
			□Remove
		.	□Change
			Add
			□Remove
		_	□Change

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D. If ame	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		_
-		
-		
-		_
-		
-		DIVISION OF C
-		HYTSION OF CONFORM
-		OF STATE
-		# 17 A
-		
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-		_
Note:	te, if other than the date of filing:	505.0207 (3)(b) isted as the
If the recordisti	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day a	fter the
Dated	12.06.2021	
	Signature of a member or authorized representative of a member	
	uhen Souza	
	Typed or printed name of signee	