## 9000283951

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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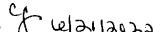
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## **COVER LETTER**

Division of Corporation	S		
SUBJECT: NM	Restaur Name of Limited	Liability Company	UC
	Name of Emilies	chaomy company	
The enclosed Articles of Amenda	nent and fee(s) are submitte	ed for filing.	
Please return all correspondence of	oncerning this matter to th	ne following:	
Y	n.chae	Name of Person	
		Name of Person	
<del></del>		Firm/Company	
4	57 North	Lund Ra	<u> </u>
		Address	
$\overline{\ \ \ }$	Jest Pala	Beil	33457
<u>Ji</u>	E-mail address: (10 bo	Tity/State and Zip Code  Caty Park - 1 Code  cused for future annual report notif	(cation)
For further information concernir	ng this matter, please call:		<u> </u>
M. c.hael Name of Person	Johnson	at (56) Daytime	2 - 2313
vaine of 1 crown		, 400 0000	
Enclosed is a check for the follow	ving amount:		
	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)

TO:

Registration Section

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

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(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 \_\_\_\_ and assigned Florida document number L1900283951 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
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ective	date, if other than the date of filing:
n effecti	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
· o.d	June 21 7072
	Signature of a member or authorized representative of a member
	$\mathcal{N}(\mathcal{N})$
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00