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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address	<u></u>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SORIANO BROTHERS RESTAURANT OPERATIONS LEC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SORIANO BROTHERS RESTAURANT	OFEIGHTIONS DEC							
(Name of the Limited Lial (A Floi	pitity Company as It now appears ida Limited Liability Company)	on our records.)						
The Articles of Organization for this Limited Liability Florida document number L20000042407			and ass	signed				
This amendment is submitted to amend the following	:							
A. If amending name, enter the new name of the li	imited liability company here	<u>e</u> :						
The new name must be distinguishable and contain the words "I	imited Liability Company," the des	ignation "LLC" or the	abbreviation "L	.L.C."				
Enter new principal offices address, if applicable:		<u> </u>						
(Principal office address MUST BE A STREET ADDRESS)								
	<del> </del>		<del></del>					
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>							
Intuiting many est many burn 1 001 0 1 1 100 m								
B. If amending the registered agent and/or registe	red office address on our rec	ords, enter the n	ame of the ne	<u>w regi</u>	stered			
agent and/or the new registered office address her	<u>c</u> :		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	==				
				À.				
Name of New Registered Agent:	,,,,,,,		1 2:					
New Registered Office Address:	P. J. Physical	ia street address	<del></del>	2	न्			
	EARET PIOTA			卫	<b></b>			
<del></del>	City	, Florida	Eta Cade	<del></del>				
	•		- <u> </u>	27				
New Registered Agent's Signature, if changing Register			5.0	P	1. al. a			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of n l agent as provided for in Cl ered office address, I hereby	ny duties, and 1 a. hapter 605, F.S. (	m jamuar wi Or, if this doci	ın ana ument	4			

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	Name	Address	Type of Action
MOR	SORIANO, YISMBU	346 NW 57TH AVE UNIT J-11	□∧dd
		MIAMI, FL 33126	Remove
MGR	SORIANO, ISMAEL	346 NW 57TH AVE UNIT J-11	DAdd
		MIAMI, FL 33126	□Remove
			☐ Change
			□Remove
			□Add
			Remove
			□ Change
			[]Add
			□Remov¢
			☐ Change
			□Add
			□Remove
			[]Change

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