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PICK-UP	☐ WAIT	MAIL
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2022 MAY 18 AM 10: 19

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Restaurant po	elet Guide, LLC
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	er to the following:
_ luis J	Name of Person
	Firm/Company
2925 5	Siestaview DR
	Address
Lissin	City/State and Zip Code
E-mail address	: (to be used for future annual report notification)
For further information concerning this matter, please	call:
his J. Sanchez	31(787) 599-2930
Name of Person	at (787) 599-2930 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 18 AM 10: 1.9

RESTAURANTPOO	CKETGUIDE, LLC
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.)  TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Comp	any were filed on 2-20-2020 and assigned
Florida document number <u>L26060058149</u> .	
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 I.	LLCiability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2925 Siestaview Dr.
(Principal office address MUST BE A STREET ADDRESS	2925 Siestaview Dr. Vissimmer, 7L 34744
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	is J. Scinchez
New Registered Office Address: 2925	T. Schelez  T. Siesta view DV.  Enter Florida street address
	SS. mull Florida 34744  City Zip Code
New Registered Agent's Signature, if changing Registered Ag	
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>	<u>Address</u>	Type of Action
<u>mg [</u>	List Sanchez	2925 Siente view DR	-Kissi Madd
		·	□Remove
			□Remove
			□ Change
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			□Change

Question: what is going to happens with Ein ## and gictitions name? Demain the Same or 1 Have to change that as well ?. Thank you
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Remain The Same or 1 Have to
change that as well ?. Thank you
in Advance.
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n: <b>9</b>
E. Effective date, if other than the date of filing:
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
f 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 MCY 12, 2022
Signature of a member or authorized representative of a member
Typed or printed name of signee

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

Filing Fee: \$25.00