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COVER LETTER

Gas & Eat	FL LLC		*
UBJECT:	Name of Limited	Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submit	ted for filing.	
Please return all corresp	oondence concerning this matter to	the following:	
	Haim Ariav		
		Name of Person	
	Gas & Eat FL LLC		·
		Firm/Company	
	104 Springmoor Way		
		Address	
	Ponte Vedra Beach FL, 3208	2	
		City/State and Zip Code	
	haim@ariav.com E-mail address: (to	be used for future annual report notif	ication)
For further information	n concerning this matter, please call		
Haim Ariav	-	904 3045777 at ()	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado	dress:	<u>Street Address:</u> Registration Se	etion

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

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

Gas & Eat FL 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 $\frac{4/1/2020}{}$ 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: Haim Ariav Name of New Registered Agent: 104 Springmoor Way New Registered Office Address: Enter Florida street address Ponte Vedra Beach

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.

Cuy

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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record sp d is filed.	ecifies a delayed effecti	ve date, but not ar	effective	time, at 12:	01 a.m. on th	e earlier of: (l) The 90th d	ay after the
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Dated		Signature of a nice	niber or Av	thorized repre	esentative of a	member	 	