# 120000158290

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### COVER LETTER

#### Registration Section Division of Corporations

JECT:	NEW LLC	MEMBER	
	Name of Lim	ited Liability Company	
inclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
e return all correspo	ondence concerning this matter	to the following:	
		TOUSSAINT, MYREILLE	
		Name of Person	<del>_</del> .
		CHWA BISTRO LLC	
		Firm/Company	
	2	050 HOLLYWOOD BLVI	D
		Address	
	1	HOLLYWOOD FL 33020	
	FKiar E-mail address: (	City/State and Zip Code	out notification)
urther information c	oncerning this matter, please of	all:	
OUSSAINT, MYRI	EILLE	470 at ( )	402-1772
Name o	of Person	at () Area Code	Daytime Telephone Number
osed is a check for t	he following amount:		
325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

CHWA BI	ISTRO LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our re- ida Limited Liability Company)	<u>(ords.)</u>
Articles of Organization for this Limited Liability da document number	Company were filed on APRIL 10, 2	and assigned
amendment is submitted to amend the following:		
f amending name, <u>enter the new name of the li</u>	mited liability company here:	
ew name must be distinguishable and contain the words "Li	imited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADL	ORESS)	
se now mailing addrage if applicables		
er new mailing address, if applicable: iling address MAY BE A POST OFFICE B <u>OX</u> )		
ang usuress war in a revolution for the control of		
f amending the registered agent and/or register at and/or the new registered office address here Name of New Registered Agent:		ter the name of the new register
New Registered Office Address:		
	Enter Florida street aa	dress
		Florida
Registered Agent's Signature, if changing Register		Zip Code
reby accept the appointment as registered agentisions of all statutes relative to the proper and opt the obligations of my position as registered g filed to merely reflect a change in the registe pany has been notified in writing of this change.	nt and agree to act in this capacity.    complete performance of my duties agent as provided for in Chapter 60 red office address, I hereby confirm	, and I am familiar with and 95, F.S. Or, if this document is
	If Changing Registered Agent, Signate	ire of New Registered Agent

2021 MG CA PH 12: U1

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

## R = Manager

BR = Authorized Member

<u>\$</u>	Name	Address	Type of Action
BR	VBAROSY SOLUTIONS INC	2506 NW 48TH ST	■Add
		-	
			□Remove
—			□Add
			□Remove
			①Change
			□Remove
		<del></del>	
_			DAdd
			□ Renrove
			□Change
			□Add
			Remove

caumg a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
is a data	if other than the date of filing: (optional)
	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as crive date on the Department of State's records.
em s em	tive tale on the respirancia of state 5 records.
	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
u specini led.	s a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b) The som day after the
	AUGUST 12 2021
,	· . Uli
	Signature of a member or authorized representative of a member
	( /

Filing Fee: \$25.00

Typed or printed name of signee