Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000372845 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

7 11. - 1 6.

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079

GCT IS 2000

Phone : (305)804-1047 Fax Number : (866)767-7835

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINES RESTAURANT BAR LLC

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PINES RESTAURANT BAR LLC

Page: 2 of 4

10/27/2020 10:04 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000372845 3)))

(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 _	07/24/2020	and assigned	
Florida document number L20000218868	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company l	iere:		
The new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the at	obreviation "L.L.C."	
Enter new principal offices address, if appl	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	 -		······································	
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	ROBERT L WILLIAMSON			
New Registered Office Address:	8300 PINES BLVD			
-	Enter Florida street address			
	PEMBROKE PINES	, Florida ³³⁰)24	
	City		Zip Code	

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.

Robert L Williamson
If Changing Registered Agent, Signature of New Registered Agent

n: Hector Rodriguez

Fax: 186676 7835

To: Sunbiz LLC

Fax: (850) 617-6383

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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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KITT-CHANCE MARCELLUS	8300 PINES BLVD	□ Add
		PEMBROKE PINES, FL 33024	
			Change
AMBR ROE	ROBERT L WILLIAMSON	8300 PINES BLVD	■ Add
		PEMBROKE PINES, FL 33024	Remove
			Change
AMBR EDWIN BONANNEE	EDWIN BONANNEE	8300 PINES BLVD	
		PEMBROKE PINES, FL 33024	□ Remove
		□ Change	
			Add
			Remove
			☐ Change
			Remove
			Change
			O Add
			Remove
			☐ Change

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Typed or printed name of signce

Filing Fee: \$25.00