

L20000295756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

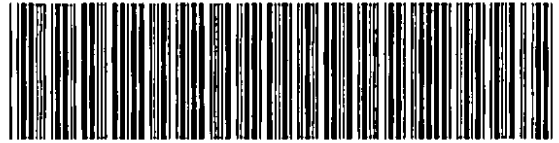
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FILED
2022 MAR 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St Peter Restaurants llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Behnam
Name of Person

St Peter Restaurants llc
Firm/Company

3687 Tampa Rd oldsmar
Address

oldsmar, FL 34677 #208
City/State and Zip Code

stpeterinvestment@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Behnam at (503) 560-6414
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

FILED

2022 MAR 16 PM 12:30

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/14/2020 and assigned Florida document number _____.

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 "L.L.C."

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

By 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

MEMBER Authorized Member

Title Name Address Type of Action

MGR Abram Francis 8208 Olympic Stone Cir. Add
New Port Richey, FL 34655 Remove

_____ Change

MGR AMIR Francis 16081 Good Hearted Ln Add
Odessa, FL 33556 Remove

_____ Change

MGR SHERIF KHILLA 1078 Montgomery Bell Rd Add
Wesley Chapel FL 33543 Remove

_____ Change

MGR Bassem Rizkallah 20436 Cardina Add
Cherry Ct. TAMPA, FL 33647 Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

