

8/10/22, 2:50 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L20000270633

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.

((H22000270633 3)))



H22000270633ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6333

From:
Account Name : BARTNAS & ASSOCIATES INC.
Account Number : 120000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****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
RESTAURANT DESIGN AND DEVELOPMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 AUG 10 PM 3:57

2022 AUG 10 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FL 09105
APPROVED
AND
FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

AUG 11 2022

K. Brumby

DocuSign Envelope ID: 133A7DBC-EBC0-471A-820A-D56A2FBD4384

COVER LETTER**TO: Registration Section
Division of Corporations****RESTAURANT DESIGN AND DEVELOPMENT LLC****SUBJECT:** _____
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:

YANELLE M BARINAS_____
Name of Person**BARINAS & ASSOCIATES, INC.**_____
Firm/Company**5701 NW 36 ST**_____
Address**VIRGINIA GARDENS, FL 33166**_____
City/State and Zip Code**BARINASB@GMAIL.COM**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANELLE M BARINAS**305 871-0889**_____
Name of Person

at (_____) _____

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/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID: 133A7DBC-EBC0-471A-820A-D56A2FBD4384

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTAURANT DESIGN AND DEVELOPMENT 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 09/14/2020 and assigned
Florida document number L20000287354.

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

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

APPROVED
AND
FILED
2022 AUG 10 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 133A7DBC-EBC0-471A-820A-D56A2FBD4384

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>	<u>Type of Action</u>
MGR	FREDIS TRUJILLO	3948 CURTISS PARKWAY	<input checked="" type="checkbox"/> Add
		VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 _____

- DocuSigned by:

Self-Insured

Signature of a member or authorized representative of a member

FREDIS TRUJILLO

Typed or printed name of signee