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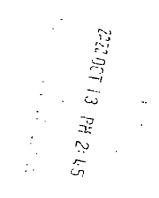
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VS 11/17/20

COVER LETTER

YO: Registration Sec Division of Corp		. :		
cunic/sr /	OLOCUILT	A RESTAURANT LLC.	,r'	
SUBJECT:	Name of Lin	nited Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		ARISMELDA ARIAS		~2
		Name of Person	•	2220 OCT 13
		Firm/Company	·	13
		306 NW 16TH PL		PH 2: 15
		Address	***	·
	C	TAPE CORAL FL, 33993		
		City/State and Zip Code		
		YM2015@GMAIL.COM		
For further information cor	E-mail address: (neerning this matter, please c	to be used for future annual report no all:	offication)	
ARISMELDA ARIAS		239 281-3564 at ()		
Name of I	Person		me 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 radditional copy is enclosed)	Certified (e of Status &
	5			
Mailing Address: Registration Se Division of Cor P.O. Box 6327		Street Address: Registration S Division of Co The Centre of	orporations	
Tallahassee, Fl.	. 32314	2415 N. Monr Tallahassee, F	oe Street, Suite 81 L 32303	()

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLOCUIL	TA RESTAURANT LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
	±	
The Articles of Organization for this Limited Liability Comp	any were filed on 09/22/20/20	and assigned
Torida document number L20000298920		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		
		. 73
Enter new mailing address, if applicable:		7275 000
•••		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<u>-</u>	
3. If amending the registered agent and/or registered offi		N nama afthi nam nami
 If allielloting the registered agent and/or registered offi egent and/or the new registered office address here: 	ece address on our records, enter the	The manue of the new regis
		,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
_ 	Cin	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 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>	Address	Type of Action
MGR	ARIAS, ARISMELDA	306 NW 16TH PL CAPE CORAL FL, 33993	🗆 Add
	·		□Remove
			□ Change
MGR	MONTERROSA GUZMAN, YAN	1434 SE 23RD ST CAPE CORAL FL. 33990	□Add
			Remove
			□Change
			☐ ☐ Add
	_		
	;		Change
			□Add
			□Remove
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fective date, if othe	er than the date of filing:		(0	optional)
n effective date is listed.	er than the date of filing:, the date must be specific and can	not be prior to date of fi	ling or more than 90 days	after filing.) Pursuant to 605.02
	ed in this block does not meet ate on the Department of State		ory rung requirements.	, this date will not be listed:
ecord specifies a delay	yed effective date, but not an o	effective time, at 12:	01 a.m. on the earlier o	f: (b) The 90th day after th
is filed.			\$	
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ted <u>10/00</u>	<u> ナメロー・</u> -	·		
	7			
	-, //			
_	Signature of a mem	ber or authorized repre	sentative of a member	