

L21000038076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

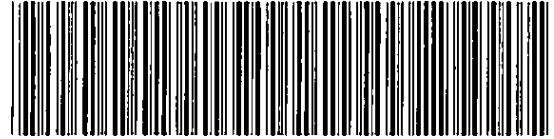
(Business Entity Name)

(Document Number)

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09/08/23--01030--011 **30.00

2023 SEP - 8 AM 10: 08

cf 9/26/2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 SEP -8 AM 10:08

LA TRADICION PERUVIAN RESTAURANT, 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 01/19/21 and assigned Florida document number L21000038076.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PORTUGUESE GRILL LLC

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)

11566 SW VILLAGE PARKWAY

PORT ST. LUCIE, FLORIDA 34987

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:

ADAO TEIXEIRA

New Registered Office Address:

2401 SW GARCIA AVENUE

Enter Florida street address

PORT ST. LUCIE

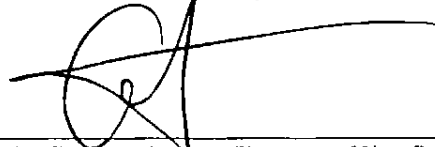
City

Florida 34953

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

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 | JORGE H OLAZA | 12361 SW KEATING DR | <input type="checkbox"/> Add |
| | | PORT ST. LUCIE, FL 34987 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ADAO TEXIXEIRA | 2401 SW GARCIA AVENUE | <input checked="" type="checkbox"/> Add |
| | | PORT ST. LUCIE, FL 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DIANA E TEIXEIRA | 2401 SW GARCIA AVENUE | <input checked="" type="checkbox"/> Add |
| | | PORT ST. LUCIE, FL 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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