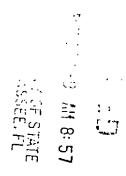
L21000210572

· (F	Requestor's Name)	
	Address)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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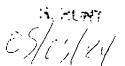




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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/09/2024

NAME: CHARCOAL GRILL & BAR LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:				
SORTE	CI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
	CHARCOAL GRILL & BAR LLC Name of Limited Liability Company the enclosed Articles of Amendment and feets) are submitted for filing. ease return all correspondence concerning this matter to the following: EDI GURLOVSKY			
			Name of Person	
		CHARCOAL GRILL & B	AR LLC	
			Firm/Company	
		2950 W CYPRESS RD 10	0	
			Address	
		FORT LAUDERDALE, F	L 33309	
			City/State and Zip Code	
			to be used for future annual report noti	(insting)
For furt	her information c			neation
Hamud	Hamud Hamdan 833 (833)255-8291			91
	Name o	l Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne 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)

TO:

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

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000210572</u> .	were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Pastito Miami LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3330 NE 190th St, #514				
Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180	~ ~ ~			
		!			
Enter new mailing address, if applicable:	3330 NE 190th St. #514	2 S S S S S S S S S S S S S S S S S S S			
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33180				
		F 5			
		m -1			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new reg			
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	. FI	orida			

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>	Address	Type of Action
AMBR	EDI GURLOVSKY	2950 W CYPRESS CREEK RD	
		FORT LAUDERDALE, FL 33309	■Remove
			□Change
AMBR	CHAIM GIL GLIK	3330 NE 190th St, #514	≘ Add
		Aventura, FL 33180	□Remove
			Change
			□Remove
			Change
			THE STATE STATE
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	***************************************		□Add
			Remove
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ective date, if other than the	date of filing:			(0	ptional)		
effective date is listed, the date musie: If the date inserted in this bloom	t be specific and canno	t be prior to da	te of filing or mo	re than 90 days	after filing.) I	ursuant to 60 ill not be lis	5.020 acd a
ument's effective date on the De				· · · · · · · · · · · · · · · · · · ·			
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cord specifies a delayed effectiv s filed.	e date, but not an en	ective time,	at 12:01 a.m. o	n the earner of	i: (b) The	90th day am	er in
September 6	202	ut.					
September 6 ed		···································					
EDI GU	RLOVSKY Signature of a membe						

Filing Fee: \$25.00