Division of Corporations



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.

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To:		
	Division of	Corporations
	Fax Number	: (850)617-6383

From:

Account Name Account Number	: FASTKIT CORP : I20100000009
Phone	: (305)599-0839
Fax Number	: (305)592-9591

\*\*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 CESAR'S HIBACHI & MORE LLC

	23		Certificate of Status Certified Copy		2021 JUL	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CESAR'S HIBACHI & MORE LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/06/2021 and assigned

Florida document number L21000309334

This amendment is submitted to amend the following:

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

N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	if the aboreviation "L.L.C."
m	15190 SW 177TH AVE	2021 SE
Enter new principal offices address, if applicable:	MIAMI, FL 33196-3017	
(Principal office address MUST BE A STREET ADDRESS)	<b></b>	
Enter new mailing address, if applicable:	·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	······································	Die Co

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,	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

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Titie	Name	Address	Type of Action
AMBR	CARMEN AL MUNOZ	11837 SW 210TH ST	Add
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D.	If amending any other information,	enter	change(s) here:	(Attach	additional	sheets, if	necessary.)
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N/A	•			
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If the record specifics 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 \_\_\_\_\_ 2021

Cesal

gnature of a member or authorized representative of a member

CESAR MUNOZ

Typed or printed name of signee