

121 000513408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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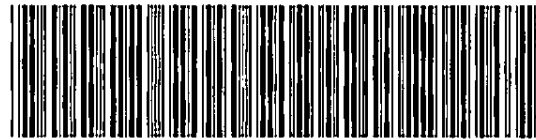
Certificates of Status \_\_\_\_\_

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JAN 28 2022



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2022 JAN 20 AM 10:40  
CLERK OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PERUVIAN BISTRO LLC  
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:

Rita FLORES  
Name of Person

Firm/Company

113 WELLINGTON Rd.  
Address

FORT WALTON BEACH  
City/State and Zip Code

PERUVIANBISTROFWB@Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIAN A. FLORES at (850) 376 2882  
Name of Person 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 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**

PERUVIAN BISTRO 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 12/03/2021 and assigned  
Florida document number L21000513402

This amendment is submitted to amend the following:

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

380 PERUVIAN BISTRO 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)

114 MARY ESTHER BLVD Ste 5  
MARY ESTHER, FL 32569

**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:

SEBASTIAN A. FLORES

New Registered Office Address:

Enter Florida street address

Florida

City

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>
AMBR	Manuel Flores	_____	<input type="checkbox"/> Add
		113 WELLINGTON RD Fort Walton	<input checked="" type="checkbox"/> Remove
		Beach, FL 32547	<input type="checkbox"/> Change
AMBR	Klaudia F. Flores	1033 10th Ave. NW	<input checked="" type="checkbox"/> Add
	ESPINOZA	LARGO, FL 33770	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Sebastian A. Flores	113 WELLINGTON RD.	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL	<input type="checkbox"/> Remove
		32547	<input type="checkbox"/> Change
AMBR	Daniela F. Pedroza	PSC 80 BOX 17238	<input checked="" type="checkbox"/> Add
		APO, AP 96367-0075	<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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 January 19th . 2022 //

Signature of a member or authorized representative of a member

Rita Flores

Typed or printed name of signee