

From: Hector Rodriguez
3/1/22 8:18 PM

Fax: 18663534403

To: Sunbiz LLC

Fax: (850) 617-6383

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03/01/2022 8:28 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : NEW START BUSINESS SOLUTIONS INC
Account Number : I20130000079
Phone : (305)804-1047
Fax Number : (866)353-4403

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
LA BRASA SANFORD FRANCHISEE, LLC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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MAR - 3 2022

ARTICLES OF AMENDMENT (((H22000079045 3)))
TO
ARTICLES OF ORGANIZATION
OF

LA BRASA SANFORD FRANCHISEE, 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 01/31/2022 and assigned

Florida document number 1.22000051154

This amendment is submitted to amend the following:

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

LA BRASA KISSIMMEE FRANCHISEE, 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)

2631 E IRLO BRONSON MEMORIAL HWY

KISSIMMEE, FL 34744

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:

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDUARDO FORNO	2320 SW 87 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUARDO FORNO	2135 SPICE AVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CORP.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MARCH 01, 2022

Ernesto Tejada

Signature of a member or authorized representative of a member

ERNESTO TEJADA

Typed or printed name of signee