## L22000058691

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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(Danier et Norther)
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S. PRATHER

## **COVER LETTER**

O: Registration Sect Division of Corpo			
JBJECT:	Hungar	ian Bistro	LIC
	Name of Lim	ited Liability Company	
ne enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
ease return all correspond	dence concerning this matter	to the following:	
	Kriszt	ina Moker Name of Person	
		Firm Company	
	101 N	lichiaan Ave	/
		Address	
	Dayton	a Beach F	L 32114
	,	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
or further information con	cerning this matter, please c	all:	
Krisztina	Moker	at (757) 298	-4739 ne Telephone Number
Name of i	reison	Area Code Layun	к Текрия Кише
iclosed is a check for the	following amount:		
₹\$25.00 Filing Fee	S30.00 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 Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hungarian Bistv (Saffe of the Limited Liability Company (A Florida Limited Lia	(as it now appears on our records.)  bility Company)
he Articles of Organization for this Limited Liability Company w lorida document number <u>L220005869</u>	ere filed on Felo 23, 2022 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability  K G T Thorations  he new name must be distinguishable and contain the words "Limited Liability	
inter new principal offices address, if applicable:	201 Michigan Ave.
Principal office address MUST BE A STREET ADDRESS	Daytona UBeach, FL 32119
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	<u>Same</u>
l. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	Same
New Registered Office Address:	Enter Flanda street address
	City Zip Code
iew Registered Agent's Signature, if changing Registered Agent:	City Ap Coa
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as pr eing filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>	Type of Action
			□Remove
			□Change
			□Remove
			Change
			□ Add
		<del></del>	
			□Add
			□Remove
		<del></del>	Change
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			□Remove
		<del></del>	☐ Change
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			□Remove
			□Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ctiv	ve date, if other than the date of filing: (optional)
e: I	crive 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
ord file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
xd_	Nov. 5 2024
	Signature of a member of authorized representative of a member
	' <i>/</i>

Filing Fee: \$25.00