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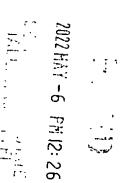
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| CUD IECT. | CENTRAL FLORIDA RESTAURANT BROKER LLC | | | |
|------------------|---------------------------------------|--|---|--|
| NUBJECT: | | Name of Linn | ited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for tiling. | |
| Please return | n all correspo | ondence concerning this matter | to the following: | |
| | | Miriam E Ferioli | | |
| | | | Name of Person | |
| | | CENTRAL FLORIDA RE | STAURANT BROKER LLC | |
| | | | Firm Company | |
| | | 614 W Hwy 50 | | |
| | | | Address | |
| | | Clermont, FL 34711 | | |
| | | | City/State and Zip Code | |
| | | taxesdk@gmail.com | | |
| | | | to be used for future annual report no | difficution) |
| For further i | information e | oncerning this matter, please co | all: | |
| Miriam E. I | ^z erioli | | 407 8326265 at () | |
| | Name o | f Person | at (at Code Dayti | me Telephone Number |
| Enclosed 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 radditional copy is enclosed) |
| | ailing Addres | | <u>Street Address:</u> Registration S | ection |
| | _ | Corporations | Division of Co | orporations |
| P.(| O. Box 632 | <u>.</u> 7 | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(1)

CENTRAL FLORIDA RESTAURANT BROKER LLC

2022 HAY -6 PH 12: 26

| (Name of the Limited Liability (A Florida) | <u>y Company as it now appears on our r</u> Limited Liability Company) | ecords.) | 443 C |
|---|---|----------------|----------------------|
| | ······································ | | · J.FL |
| The Articles of Organization for this Limited Liability Co | ompany were filed on $\frac{02/07/2022}{}$ | _ | and assigned |
| Florida document number L22000062062 | | | |
| | _ | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | | |
| | | | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation | "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| • • | nec. | | |
| (Principal office address MUST BE A STREET ADDR) | <u> </u> | | |
| | | | |
| | | | |
| 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, e | nter the nan | ne of the new regis |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | . . | |
| New Registered Office Address: | | | |
| | Enter Florida street i | iddress | |
| | Chr | _, Florida | |
| | Circ | | Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------|----------------|
| MGR | Miriam E Ferioli | 614 W Hwy 50 | <u> </u> |
| | | Clermont, FL 34711 | □Remove |
| | | | €Change |
| MGR | Peter J. Ferioli | 614 W Hwy 50 | □Add |
| | | Clermont, FL 34711 | ⊟Remove |
| | | | Change |
| | | | |
| | | | ⊟Remove |
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| ective date, if other than t | he date of filing: | | (optional) | |
| n effective date is listed, the date r | nust be specific and cannot be | prior to date of filing or mor | e than 90 days after filing.) Pursuan | t to 605.020 |
| <u>te:</u> If the date inserted in this cument's effective date on the | | | requirements, this date will not | ne fisted as |
| | • | | | |
| ecord specifies a delayed effec | tive date, but not an effecti | ve time, at 12:01 a.m. on | the earlier of: (b) The 90th da | ay after the |
| is filed. | | | | |
| | | | | |
| ted May 2 | | <u> </u> | | |
| M | Zur / ev | 0 | | |
| //// | <i></i> | <i>y</i> , | | |

Typed or printed name of signee