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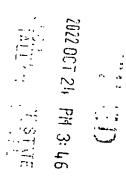
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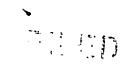


A. BUTLER
JAN 19 2023

COVER LETTER

| TO: Registration S Division of Co | | | |
|---|--|---|-------------|
| ALACRU | Z GRILL LLC | | |
| SUBJECT: | Name of Lim | aited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | OS | SVALDO MARTINEZ | |
| | | Name of Person | |
| | O&J PROFESSIONAL SE | ERVICES INC | |
| | | Firm/Company | |
| | 13550 SW 88 ST STE 150 |) | |
| | <u></u> | Address | |
| | MIAMI FL 33186 | | |
| | | City/State and Zip Code | |
| | OSVALDOEMARTINEZ@ E-mail address: (| yAOL.COM (to be used for future annual report notification) | |
| For further information | concerning this matter, please c | | |
| OSVALDO MARTINI | EZ | 305 446-4006 | |
| Name | ot Person | at () Area Code Daytime Telephone Number | |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certificate (indditional copy is enclosed) Certified C | of Status & |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee | i Section Corporations 327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 | 0 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



ALACRUZ GRILL 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 $\frac{03/23/2022}{2}$ Florida document number L22000143327 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 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> | Name | Address | Type of Action |
|--------------|------------------------|-------------------------------------|---------------------|
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| fective date, if other than the | date of filing: | | (option: | ıl) |
| an effective date is listed, the date mus ote: If the date inserted in this blue reument's effective date on the De- | ock does not meet the app | olicable statutory filing | | |
| ecord specifies a delayed effectives is filed. | e date, but not an effectiv | e time, at 12:01 a.m. o | on the earlier of: (b) | The 90th day after the |
| | | | | |
| OCTOBER 18 | . 2022 | | | |
| | 2022 Organisation of a member or at | Copley | | |

Filing Fee: \$25.00