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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : IDEAS CARVADAL
Account Number : 12022000006
Phone : (321)333-5565
Fax Number : (407)565-5637
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOJOTO STEAK HOUSE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

CI:DIECT	ε οτοιοι	TEAK HOUSE LLC		
SUBJECT	·	Name of Lin	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	enitted-for filing.	
Please retui	rn all correspo	ondence concerning this matter	to the following:	
		JUDITH M RIVAS DE M	ORENO	
			Name of Person	
		Firm/Company 507 W Vine S: Address Kissimmee, FL 34741 City/State and Zip Code JOJOSTEAKHOUSE@GMAIL.COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: S DE MORENO Some of Person Area Code Daytime Telephone Number k for the following amount: Fee S30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Address: Street Address:		
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		507 W Vine S:		
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For further	information c	oncerning this matter, please c		
JUDITH M	RIVAS DE	MORENO	32! 695-2481	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
R D P.	alling Addresses of Co. Box 632	Section Corporations 17	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Stallahassee, FL 3	rations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOJOTO STEAK HOUSE LLC			
(Name of the Limited Liability Co (A Fiorida Limi	mpany as it now appears on our rited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000186900</u>	eany were filed on 04/19/2022		and assigned
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 L	nability Company," the designation	"LLC" or the abbrev	riation "L.E.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		1	
7		(2) [7]	203
Enter new mailing address, if applicable:		<u>55 C</u>	- 2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	-		3
B. If amending the registered agent and/or registered off	les address on our records s	enter the pulme o	f Paragraphic
agent and/or the new registered office address here:	ice and the on the recording	7; 7	ట్ల
		ATE	20
Name of New Registered Agent:			.
New Registered Office Address:			
TOW REALISING OTHER PRODUCTS.	Enter Florida street i	address	
		_, Florida	
	City		Zip Code
New Registered Agent's Signature, If changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dutic as provided for in Chapter	es, and I am fam 605, F.S. Or, if t	iliar with and his document is
	Changing Dauly and Laure Oliver	strong of Vanc Dante.	
Hf.	Changing Registered Agent, Signs	tturo of New Registe	red 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

Title	Name	Address	Type of Action
AMBR	CARLOS A LOPEZ ORTIZ	905 ALSACE DR KISSIMMEE, FL 34759	= Add
			□Remove
			□ Change
			□Add
			⊡Remove
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Judith M. L. Ivas Signature of a member of authorized representative of a member	ed SEPT	'EMBER 26			<u> </u>					
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Filing Fee: \$25.00