

09/29/2022 13:09

(FAX)

H22000335731 3 P.001/004

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000335731 3**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000335731 3)))



H220003357313ABC-

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To:

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

From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000083  
Phone : (305)932-6262  
Fax Number : (305)933-9393

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INFO@SERBERLAWFIRM.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**F&B WORK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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**FILED**  
2022 SEP 29 AM 9:29  
CLERK OF STATE  
TALLAHASSEE, FL

C. BRUMBLEY  
SEP 30 2022

2022 SEP 29 11:33:00

H 22000335731 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

F&amp;B WORK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 29 AM 9:29

FILED

The Articles of Organization for this Limited Liability Company were filed on 04/21/2022 and assigned  
Florida document number L22000191167.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4631 N State Rd 7 #21

(Principal office address MUST BE A STREET ADDRESS)

Coral Spring, FL, 33073

Enter new mailing address, if applicable:

4631 N State Rd 7 #21

(Mailing address MAY BE A POST OFFICE BOX)

Coral Spring, FL, 33073

**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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	F&B MANAGER LLC	1909 TYLER ST, SUITE 502	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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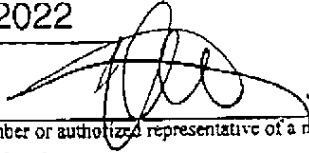
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 23, 2022



Signature of a member or authorized representative of a member

MARTINEZ, LORENA A

Typed or printed name of signer