9/13/22, 8:56 AM

Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLA'S PASTA BOWLS LLC

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Corporate Filing Menu

Help

COVER LETTER

	gistration Sec vision of Corp		•	•	
		ASTA BOWLS LLC			
SUBJECT: Name of Limited Liability Company					
The enclose	d Articles of z	Amendment and fee(s) are sub-	nitted for filing		
Please retur	n all correspor	ndence concerning this matter t	to the following:		
		Cheyenne Moseley			
			Name of Person	and deriver and determine of the AAA A different	
		Legalzoom com, Inc.			
			Firm'Company		
		101 N Brand Blvd 11th Fl			
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		rzzychavez27@reloud com			
		E-mail address. (t	o be used for future annual report notific	ation)	
For further	information co	oncerning this matter, please ca	il		
Cheyenne !	Moseley		800 773-0888		
	Name of	Person	Area Code Daytime I	Felephone Number	
Enclosed is	a check for th	e following amount:			
\$25,00	Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building

From: Amanda Sando

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA'S PASTA BOWLS LLC		
(Name of the Cimited Li (A Fl	ability Company as it now appears on our records. forida Linuted Liability Company)	.)
The Articles of Organization for this Limited Liabili Florida document number 1.22000272183	ity Company were filed on 06/15/2022	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, <u>enter the new name of the Flaming Kabobs LLC</u>		
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 applicables (Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		022 SEP
New Registered Office Address:	Enter Florida street address Flo	SAL TO AM
	City	± Cap
New Registered Agent's Signature, if changing Regis	stered Agent:	等 2

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.

_____ Change

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
			Add
			Пенюvе
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Kemove
			☐ Change
			🗀 Add
			☐ Remove
			☐ Change
			☐ Remove
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			bbA □
			☐ Remove

Page: 6 of 6	2022-09-13 06:59:00 PDT	13239628300	From: Amenda Send
From Isabel Carranza Chave	z 1.305.694.2669 Tue Aug	30 09:31:58 2022 EDT Page 4 OT	7
D. If amending any other information, en	ter change(s) here: (Attach a	amman sierric grace san cij	
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	سند پرسر پ و چو مستقبان پاشاندان در ادافه سافانان و		 -
			
			
E. Effective date, if other than the date	of filing:	(optional)	
11) an effective date is fished, the date must be spe	eculia and cuanot be prior to date of fill	ing or more than 90 days after filing.) Parsnam	to (435.0207 £3)(6)
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(b) The 90th day after the record is	s filed,	cove time, at 12:01 a.m. on the	earlier of:
Dated 08 - 26 - 202	2		
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Signa	late of a manner or authorized repre-	Trainer of a flenter	
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Isabel Carranza Chave/	V		
	Typed or printed name of	Signer	- anu

Page 3 of 3

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