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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: CUY	10680 R Name of Lim	PCIDE REST	au (arit	LLC	
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.		53	
Please return all correspo	ondence concerning this matter	to the following:		9E05	_
	<u>Claire</u>	VICOLOVE Name of Person		2022 JUL 11 PH 3: 30 SECRETARY OF STATE TALL AHASSEE FLORID	rr
		Firm/Company		: 30 ATE PRID:	
	674 50	U COLLEGE P	ark RD,		
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code		3	
For further information c	concerning this matter, please ca	all:			
Claire Name o	THEOGOVE (Person	at (754) 25 Area Code Daytim	2 - 055 e Telephone Number	2	
Enclosed is a check for the	ne following amount:				
tti \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional cop	of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited L.	Restaurant  IV as it now appears on our records.)  iability Company)	LLC
The Articles of Organization for this Limited Liability Company of Florida document number 122005284505	were filed on $(0 23 27)$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  (I)	lising LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		7.0 20
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11/1	S CRETARY OF AUASSEE
B. If amending the registered agent and/or registered office a	ddress on our records, enter the na	RESIDENCE OF THE NEW registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	/	
New Registered Office Address:		
	, Florida _	25. (2.1.
	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		SEC PHASS	Charge 1
	<del></del>	ASS.	
		me 	Remove
			□Change
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			□Change
<del></del>			□Add
			□Remove
			_ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
All information Remains the same
EXCEPT the entity name of the busness
Changed to the new name.
Claire's Caribbean Cuisine LLC
THE REST
ASS I
- <u> </u>
<u> </u>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 7/5/202.  Signature of Linember or authorized representative of a member
Clare The odore Typed or printed name of signee