

9/1/22 9:48 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L220003001033

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.

((H22000300103 3))



H22C003001033ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : 120190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

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

Email Address: mbujaj3@icloud.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARIO'S BRUNCH**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2022 SEP -1 AM 10:15

2022 SEP -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

L220003001033

SEP - 1 2022

< Brumbley

(H220003001033)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MARIO'S BRUNCH**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARJAN BUJAJ

Name of Person

MARIO'S BRUNCH

Firm/Company

20301 GRANDE OAK SHOPPES DR #108

Address

ESTERO, FL 33928

City/State and Zip Code

MBUJAJ3@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARJAN BUJAJ

Name of Person

at (**313**) **729-0239**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing 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
Tallahassee, FL 32314

Street Address:

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

(H220003001033)

(H 220003001033)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MARIO'S BRUNCH

(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 07/20/2022 and assigned
Florida document number L22000322695

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARIO'S BRUNCH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

Florida

City

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

2022 SEP - 1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL
Zip Code

APPROVED
AND
FILED

(H 220003001033)

(H220003001033)

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

(H220003001033)

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

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.

Filing Fee: \$25.00

(H220003001033)