7/12/24, 3:07 PM



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(((H24000237563 3)))



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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 : (305)882-1260

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

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN TO DIRTY MARTINI RESTAURANT AND LOUNGE LLC

Certificate of Status	0
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12 2024 T. LEMIEUX

Tallahassee, FL 32314

## COVERLETTER (H240002375633)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration \$ Division of Co.			
	ARTINI RESTAURANT AND	LOUNGELLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	HELEN CARRERA GON	ZALEZ	
		Name of Person	
	DIRTY MARTINI RESTA	AURANT AND LOUNGE LLC	
		Flrm/Company	<del></del>
	1622 SE 20TH LN		
		Address	······································
	CAPE CORAL FL 33990		
		City/State and Zip Code	
	AB1100@YAHOO.COM	to be used for future annual report not	
For further information of	concerning this matter, please c	·	micagony
HELEN CARRERA GO	NZALEZ	239 744-0111	
Name	of Person	at () Area Code Doytiir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (#dditional copy is enclosed)
Mailing Addre. Registration		Street Address:	ation
Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

## ARTICLES OF AMENDMENT (H240002375633) ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Linbility Company as It now appears (A Florids Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 07/20	0/2022 and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the Enter new principal offices address, if appliance address MUST BE A STRE	icable:	ignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address		ords, enter the name of the new registered
Name of New Registered Agent:	HELEN CARRERA GONZALEZ	
New Registered Office Address:	1622 SE 20TH LN	
	Enter Florid	a str <del>ee</del> t address
	City	Florida 33990 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 Regulered Agent, Signature of New Registered Agent

(H240002375633)
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID PRESIDENT SHERRILL	5701 ORANGE AVE	□Add
		FORT PIERCE FL 34947	■Remove
			Change
AMBR	MARIANELA SHERRILL	5701 ORANGE AVE	□Add
		FORT PIERCE FL 34947	<b>■</b> Remove
			□Change
MGR	HELEN CARRERA GONZALEZ	1622 SE 20TH LN	<b>=</b> Add
		CAPE CORAL FL 33990	□Remove
			□Change
MGR	JOSE C GONZALEZ GONZALEZ	1622 SE 20TH LN	
		CAPE CORAL FL 33990	☐ Remove
			Change
			□ Add
		·	□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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	07/12/7024	
fective date, if other than the neffective date is listed, the date munte: If the date inserted in this becament's effective date on the D	ock does not meet the applicable statutor	(optional) ig or more than 90 days after filing.) Pursuant to 605,0207 y filing requirements, this date will not be listed as
ecord specifies a delayed effectivis is filed.	e date, but not an effective time, at 12:01	a.m on the earlier of: (b) The 90th day after the
ILLY 12	2024	
	MM	

Filing Fee: \$25.00

Typed or printed name of signee