L22000475962

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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> 2024 NOV -7 AM 8: 2 SECHLEWRY OF SIAT

COVER LETTER

TO: Registration S Division of Co						
	F&B HOLDINGS, LLC					
SUBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are sub ondence concerning this matter	•				
	Kaari Gagnon, Esq.					
		Name of Person				
	Zarco Einhorn Salkowski	P.A.				
		Firm/Company	<u> </u>			
	2 S. Biscayno Blvd., Suite	.3-4041				
		Address				
	Miami, FL 33131					
		City/State and Zip Code				
	kgagnon@zarcolaw.com			2024 SEL		
		to be used for future annual report notification	on)	2024 HOV -7 SECRETALLACE		
	concerning this matter, please c	aii:				
Kaari Gagnon, Esq.		305 374-5418 at ()				
Name c	f Person	Area Code Daytime Feb	uphone Number	AM 8: 27 OF STATE SSEE. FL		
Enclosed is a check for t	he following amount:			THE CO		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop (additional copy	Status & y		
Mailing Address Registration 9 Division of C	Section	Street Address: Registration Section Division of Corpora				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

Docusign Envelope ID, E0B18C2D-823A-4B09-S0D9-E94B691C88C3 $ARTICLES\ OF\ AMENDMENT$ TO ARTICLES OF ORGANIZATION OF

Florida document number 1.22000475962 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability the new name must be distinguishable and contain the words "Limited Liability Center new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS]	re filed on November 7,	2022	_ and assigned
Principal office address MUST BE A STREET ADDRESS) Street new principal office address MUST BE A STREET ADDRESS)	company here: ompany," the designation "	LLC" or the abbre	-
A. If amending name, enter the new name of the limited liability the new name must be distinguishable and contain the words "Lamited Liability Center new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS St	ompany," the designation "		wation 4.4.C"
The new name must be distinguishable and contain the words "Limited Liability Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS Street Stree	ompany," the designation "		wiation 4.4.C "
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Street Address of the stree			eviation [1, 1, C]"
Principal office address MUST BE A STREET ADDRESS) So	392, 7495 W. Atlantic Av		
Principal office address MUST BE A STREET ADDRESS) S		zenue	
	uite 200		
	Delray Beach, Florida 334	46	
enter new maining address, it applicable:	392, 7495 W. Atlantic Av	venue	
Stading address MAY BE A POST OF FICE BOX)	uite 200		
	Pefray Beach, Florida 334	- - -()	
3. If amending the registered agent and/or registered office address here: Name of New Registered Agent: Zarco Einhorn Salk		iter the pame o	2024 HOV
New Registered Office Address: 2 S. Biscayne Boule	evard, Suite 3400		-7 AR)
	Enter Florida strect ad	Liress	
Miami		<i>kiress</i> , Florida <u>(</u> 3313)	AH 8: 27 OF STATE SEE, EL
	City		7位至 2
New Registered Agent's Signature, if changing Registered Agent:			т –

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.

(Judu Signed by	
Egan Gagnon	
Il Changing Registered Agent, Signature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EB5 F&B Holdings, LLC	13800 S. Jog Road, Suite 101	CAdd
		Delray Beach, FL 33446	Remove
			□Change
AMBR	Trueworks Hospitality Group LLC	3900 NW 2nd Stree:	BAdd
		Miami, FL 33126	
			2024 NOV -7 AM SECRALARY AND ANA SEE
			SHATE SHARE 27
			□Remove
			□ Change
			□Add
			\pi Remove
			□Change
			DAdd

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