

## 23 000 225 872

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SCCALTINY OF STATE

## **COVER LETTER**

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TO:

TO: Registration Sec Division of Corp			
111	Brown Ser	Weg = 110	
SUBJECT: <u>/4/V1</u>	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Asjer</u>	Guetta Brooks Name of Person	
		roun Butter Bistre	)
			<del>~84</del> 776
	10121	E. Adamo Dv. Tamp	B.FL 33619
		Address	
	Tam	City/State and Zip Code	
		_	
	E-mail address: (	to be used for future annual report note	amail-com
For further information co	ncerning this matter, please ca	all:	
Name of I	Person	at ( <u>656</u> ) <u>227</u> Area Code Daytim	518 9 e Telenhane Number
. value or .	. crson	7.114 2044 Bayinin	
Enclosed is a check for the	following amount:		
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co	ection rporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 6327 Tallahassee, Fl		The Centre of T	allahassee e Street, Suite 810
i mininga,ee, t	<i>□ 2€3</i> 1 1	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	vices LUC  iv as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2300022587.2</u>	were filed on $05/01/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lutter Bistro 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)	10121 E. Adamo Dr. TampaIFL 33619 #89776
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Onle
New Registered Agent's Signature, if changing Registered Agent:	· H +

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
	<del></del>		□Add
			□Remove
		<del></del>	□Change
			□ Add
			□Remove
			□Change
			□ Remove
			□ Change
	,	<del></del>	□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  N/A
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	August 26th 2024
	August 26th 2024  Osjenguetta Brook  Signature of a member or puthorized representative of a member
	Asieva uetta Brook5 Typedor printed name of signee

. . .

Filing Fee: \$25.00