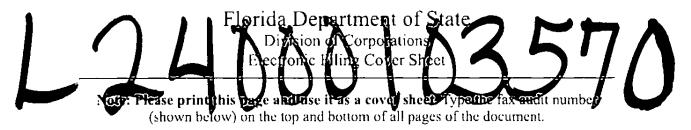
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 : (407)552-7903 Fax Number : (407)449-2348

Enter the email address for this business entity to be used for future HI GE STATE LORPORATION SEE, FLORIDE annual report mailings. Enter only one email address please.**

INFO@CLAUDIALIMATAX.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR FRIED BURRITOS & BAR LLC

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M. SOLOMON

JUL 12 2024

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Corporate Filing Menu

Help

		COVER LETTER		
TO: Registration : Division of C				*
	D BURRITOS & BAR LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	CLAUDIA LIMA			
		Name of Person		
	CLAUDIA LIMA TAX &	ACCOUNTING LLC		
		Firm/Company	······································	78.5 78.4
	9100 CONROY WINDER	MERE RD STE 200 OFFICE 241		2024 JUL 12 SECRETARY TALL AHASS
		Address		17. 17. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
	WINDERMERE, FL 3478	36		mo P
		City/State and Zip Code		H 2:59
	INFO@CLAUDIALIMAT E-mail address: (AX.COM (to be used for future annual report notific	cation)	ām 3
For further information	concerning this matter, please c			
CLAUDIA LIMA		407 552-7903		
Name	of Person	at () 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)	Cl S60.00 Filing Certificate o Certified Co (additional copy	f Status & Py
Mailing Addr Registration	Section	Street Address: Registration Sect	ion .	

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR FRIED BURRITOS & BAR L				
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Company	rars on our records.)		
The Articles of Organization for this Limited L		02/28/2024 a	and assigned	
Florida document number L24000103570	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability company	<u>here</u> :		
MR CHURRASCO LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbrevia	tion "L.L.C."	_
Enter new principal offices address, if appli	cable:	<u> </u>	·	_
(Principal office address MUST BE A STREE	ET ADDRESS)			_1
		:	5 2 2 7	m
Enter new mailing address, if applicable:			-n = = = = = = = = = = = = = = = = = = =	_ _
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>	_
			Su P	-
B. If amending the registered agent and/or agent and/or the new registered office addre	•	records, <u>enter the name of t</u>	he new regist	<u>tered</u>
Name of New Registered Agent:	CLAUDIA LIMA TAX & ACC	COUNTING LLC		_
New Registered Office Address:	the registered agent and/or registered office address on our records, enter the name of the new registered e new registered office address here: Of New Registered Agent: CLAUDIA LIMA TAX & ACCOUNTING LLC			
	Enter F	lorida street address		_
	WINDERMERE	Florida 34786		_
	City	Zių	v 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 Registered Agent, Signature of New Registered Agent

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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>	Type of Action
AMBR	PROSPER USA INVEST MENTS	2292 GOLD SUMMET ST	≣ Add
		MINNEOLA, FL 34715	□Remove
			☐ Change
			□Add
			□Remove
			SECHALIARA
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ffective date, if other than th	e date of filing	<u>!</u> :			(optional)		
an effective date is listed, the date molecter of the date inserted in this bocument's effective date on the l	olock does not m	cannot be prior neet the applic	to date of filing able statutory	or more than 90			
record specifies a delayed effecti is filed.	ve date, but not	an effective ti	me, at 12:01 a	a.m. on the c arl	ier of: (b) The	90th day afte	r the
JULY 9TH		2024					
aicd			<u> </u>				

FAX . 2 +14074492348

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