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L24 000 181 860

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07/32/24--01814--02- **25.30



COVER LETTER

Division of Corpo	rations		
SUBJECT:	lita Jalvadura Name of Lin	n Rutaurants LLC	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	<u> Arantxa</u>	Valena Barahona Name of Person	Portal
		Firm/Company	·
	9500 F	Peniawla Blvd Stes	
		Address	
	Pensau	Ola Fl 32534 City/State and Zip Code	
	oltrial	City/State and Zip Code	-il
	E-mail address: (Il INQUOISEMUS COM to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca		,
Valena B	arahona	at (XJO) 288 - Daytime	2 19 6 Telephone Number
		•	F
Enclosed is a check for the f	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:		Street Address:	
Registration Sec	ction	Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	vadoran Restaurants LLC
(Name of the Limited Liah (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L24000 81860</u>	Company were filed on $04-17-24$ and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words I.	A Delions LLC. Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADI	
	10
	਼ਰ੍ਹ - ਦ੍ਰ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	' ఎ ' ఆ
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	

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 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
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	$(-2i+1)(i)^{1/2}=5^{1/2}A$
<u>Note:</u> If document	date, if other than the date of filing: JWV 8+h 12024 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
Note: If document e record s	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a self-sective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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