## L24000198582

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations		.•
CUD IF CT	Persad Rest	aurant 101 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Nicholas Persad		
			Name of Person	
		Persad Restaurant 101		
			Firm/Company	
		P.O. Box 740912		
		<del></del>	Address	
		Boynton Beach, Fl 33437		
			City/State and Zip Code	
		nicholashpersad@gmail.coi		
F Eli			to be used for future annual report	notification)
		oncerning this matter, please c	all:	
Nicholas Per	rsad		954 261-1936 at ()	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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)
	iling Address gistration S		Street Address Registration	
Div	vision of C	orporations	Division of	Corporations
	). Box 632			of Tallahassee
ı al	lahassee, F	L 34314	2415 N. Mo	nroe Street. Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Persad Restaurant 101 LLC

2024 NOV -4 PH 5: 02

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number 1.24000198582	ability Company	were filed on 4/29/2024 and assigned					
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liab	oility company here:					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		19635 State Road 7 Suite# 45 Boca Raton, Fl 33498  P.O. Box 740912					
					(Mailing address MAY BE A POST OFFICE	BOX)	Boynton Beach, Fl 33474
					B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:	~	address on our records, <u>enter the name of the new registered</u>
<del> </del>	P.O. Box 7409	12					
New Registered Office Address:		Enter Florida street address					
	Boynton Beach	, Florida <sup>33474</sup>					

## 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.

City

Zip Code

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
MGR	Christopher Persad	P.O. Box 740912	□ Add
		Boynton Beach, FL 33474	≅Remove
			□ Change
MCR	Nicholas Persad	P.O. Box 740912	🗹 Ádd
		Boynton Bch, FC 33474	□Remove
			□Change
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		9/24/2024				
Effective date, if other than the (If an effective date is listed, the date may	e date of filin ast be specific an	ισ:	to date of filing or n	(option one than 90 days after	onal) filing.) Pursuant to 60	5.0207 (
Note: If the date inserted in this bedocument's effective date on the	olock does not a	meet the applica	able statutory filin	g requirements, this	date will not be lis	sted as t
document's effective date on the	Department of a	State's records.				
ne record specifies a delayed effecti	ive date, but no	t an effective ti	me. at 12:01 a.m.	on the earlier of: (b)	) The 90th day aft	er the
ord is filed.					,, , , , ,,	
10/20/2021		2024				
Dated		,	_·			
	Signature of a	member or autho	orized representative	of a member		
AM I al Discontinuity	-		·			
Nicholas Persad		The state and a	ed name of signee			

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