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Office Use Only



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COVER LETTER

SUBJECT:	MORENO'	BAR & GRILL, LLC.		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSE D. GONZALEZ MO	DRENO	
			Name of Person	
			Firm/Company	
		6900 SE 104TH ST		
		BELLEVIEW, FL 34420	Address	
		KARPATILAW@GMAIL.	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please c	all:	
JUDIT KARI	PATI		352 369-1201 at ()	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORENO' BAR & GRILL, LLC.	The Common terror of the Commo	
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 07/25/2024	and assigned
Florida document number L24000329723	·	
Chis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MORENO BAR & GRILL, LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	nness.	
Principal office address MUST BE A STREET ADD	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	-	
		775 775
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		, 0
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		Ď
B. If amending the registered agent and/or register	red office address on our records, enter th	· ·
agent and/or the new registered office address here		
Name of New Registered Agent:		
	 -	
New Registered Office Address:	Enter Florida street address	
	73 1	J.,
	, Flori	da Zip 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

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	ie: If the date inserted in this bloc	ck does not meet the applicable stat	tutory filing requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
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Signature of a member or authorized representative of a member	ument's effective date on the Dep cord specifies a delayed effective s filed.	partment of State's records. date, but not an effective time, at 1	tutory fiting requirements, this d	ate will not be listed as
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