10/10/24, 1:22 PM Division of Corporations H24000340802 3

L24000340802

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000340802 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPTIMAL RESTAURANT SERVICES LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

124000340802 3

Optimal Restaurant Services LLC

(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 Liability Company were filed on 10/01/2024 and assigned Florida document number L24000424171.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

390 E Broward Blvd.
125
Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

390 E Broward Blvd.
125
Fort Lauderdale, FL 33301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City *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 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

Title	Name	Address	Type of Action
AMBR	Jorge Mora	790 East Broward Boulevard	☐ Add
		125	■ Remove
		Fort Lauderdale, FL 33301-2005	☐ Change
AMBR	Jorge Alberto Mora Brandt	790 E Broward Blvd.	■ Add
		125	☐ Remove
		Fort Lauderdale, FL 33301	☐ Change
MGR	Jorge Alberto Mora Brandt	790 E Broward Blvd.	■ Add
		125	☐ Remove
		Fort Lauderdale, FL 33301	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 10th 2024

/s/ Jorge Alberto Mora Brandt

Signature of a member or authorized representative of a member

Jorge Alberto Mora Brandt

Typed or printed name of signee

Filing Fee: $25.00