L24000486051

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COVER LETTER

	Registration Sect Division of Corpo					
SUBJEC'		AURATIONS COMPANY L	LC			
SUBJEC		Name of Lim	ited Liability Company			
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspond	dence concerning this matter	to the following:			
		JOSE MANUEL MATA	JBAN			
			Name of Person			
		L&D RESTAURATIONS	COMPANY LLC			
			Firm/Company			
		4567 STORYTELLING WAY				
		". ".	Address		202 SE	
		KISSIMMEE FLORIDA 34746			2024 DEC -9 PH 5: 13 SECRETARY OF STATE TALLAHASSEE, FL	
			City/State and Zip Code		4HA 744 6-	• • • !
		L&DRSTAURATIONSCO			13.2E 13.2E 13.2E	111
		E-mail address: (to be used for future annual report notifi	ication)	min on	()
For furthe	r information cor	ncerning this matter, please c	all;		5: 13 : STATO EE, FL	
JOSE MA	ANUEL MATA		321 3105874 at ()		Ē ω	
	Name of I	Person		Telephone Number		
Enclosed i	is a check for the	following amount:				
₩ \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed)	S60.00 Filing Certificate of Certified Contaction of Conta	of Status &	
_	. Was thinking a daily a second		\$44			

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

TO:

Tallahassee, FL 32314

Street Address: 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

L&D RESTAURATIONS COMPANY LL		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L24000486051		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
L&D RESTORATIONS COMPANY, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	2024 SEC
Enter new mailing address, if applicable:		五色 /
(Mailing address MAY BE A POST OFFICE BOX)		9 PM ASSEE
		2. S.
		- IE
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida 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>	Name	Address	Type of Action
CEO	ORLANDO J RAMIREZ OCHOA		□Add
		4567 STORYTELLING WAY, KISSIMMEE FI	1. 3474 ■ Remove
			□Change
			🗆 Add
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			□Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing of does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be l	05.0207 (3)(1 isted as the
the record specities a delayed effective de cord is filed.	ate, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day a	fter the
DatedDECEMBER 2th	. 2024		
<u>O(</u>	mature of a member or authorized representa	tive of a member	
ORŁANDO J RAMIREZ (7		
	Typed or printed name of signe	ee	

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Filing Fee: \$25.00