Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NRI CULINARY VENTURES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Help

To: 18506176383

Page: 2 of 4

2021-02-09 12:46:59 EST

From: Heather Irving

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

•	C	) F			
NRI Culinary Ventures, LLC					
	ted Liabilliv Comp. (A Florida Limited	iny ay it now appears Laability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on Jan	uary 21, 2021	and assi	gned
Florida document number L21000016772		- <del></del>			
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :		
PURSU Restaurant Group, LLC					···-
The new name must be distinguishable and contain the	ords "Limited Liabi	lity Company," the de	signation "LLC" or	the ubbreviation 3.1	"C."
Enter new principal offices address, if appli-	cable:	ญ่ง		7 <u>7</u> 20	<del></del>
(Principal office address MUST BE A STREET ADDRESS)				B F	ر بر حصور ا
				<u>م هنات .</u> کرچ	المعتاب الم
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Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			- A 5	
B. If amending the registered agent and/or		address on our re	cords, enter the	name of the new	registered
agent and/or the new registered office addre	ss nere:				
Name of New Registered Agent:	ıı/a				
New Registered Office Address:		Enter Flori	da street address		
		Fac. 12 8 7 7 7 1			
		Сір	Florid	u 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.

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To: 18506175383 / Pene: 3

From: Heather Irving

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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
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			= Remove
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To: 18506176383

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an effective date is listed, the date must be specific an lote: If the date inserted in this block does not	a cannut be prior to a	date of filing or more a statutory filing re	than 90 days after equirements, this	date will a	not be listed
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Pated	2021	,			
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Denter					
Signature of:	member or authori	red representative of	a member		