

W08 000 111874

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

2008 DEC 17 AM 8:32
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAMA'S ON WHEELS, LLC

Certificate of Status	0
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Page Count	03
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T. CLINE

DEC 18 2008

EXAMINER

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Electronic Filing Menu

Corporate Filing Menu

H08000275528

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MAMA'S ON WHEELS, 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 December 17, 2008 and assigned
Florida document number L08000111 .876

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

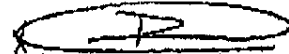
Title	Name	Address	Type of Action
MGR	NICOLAS SUAREZ UNCLAN	205 SOUTH MIAMIS DRIVE MIAMI FLORIDA 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 FLORIDA

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

Dated December 17,

2008



Signature of a member or authorized representative of a member

BORIA FABREGAS

Typed or printed name of signer

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