L11000029306

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J. SAULSBERRY EXAMINER NOV 5 2012

COVER LETTER

Division of (Corporations	,	•
SUBJECT:	CORAL GABLES C	ULINARY INSTITUTE, LI	.c
		ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	<u></u>	ROBERTO E. MACHO	
		Name of Person	
	МАСНО	& ASOCIADOS CONS CORF)
		Firm/Company	
	1110 BRICKELL AVE. SUITE 800		
		Address	
		MIAMI, FL 33131	TALLEKHA SSE
		City/State and Zip Code	
	RMA0 E-mail address:	CHO@UHY-MACHO.COM (to be used for future annual report notifica	ion)
For further information	on concerning this matter, please	•	tion) FLORIUA 20
	BERTO E. MACHO	at (03-2700
Name of Person		Area Code & Daytime T	elephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 Companytions		STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section *

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORAL GAI	BLES CULIN	NARY INSTITU	JTE, LLC		
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	s on our records.)	•	
The Articles of Organization for this Limited L	iability Company	were filed on	FLORIDA	and assigned	
Florida document number L11000029	9306				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here	2:		
	N/A	\			
The new name must be distinguishable and end wi 'L.L.C."	th the words "Lim	ited Liability Compar	ny," the designation	"LLC" or the abbreviatio	
Enter new principal offices address, if applic	able:	N/A		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				FC 72	
				5. 2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		- 3	
				8 20	
			- -	10 10 N	
B. If amending the registered agent and/ registered agent and/or the new registered o			ur records, <u>enter</u>	the name of the ne	
		<u></u> -			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		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

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 Type of Action Title **Name Address** CARLOS A. FERNANDEZ MGR 3101 New Mexico Ave NW # 235 ✓ Add Washington, DC 2006 Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A OCTOBER, 05 2012 Dated Signature of a member or authorized representative of a member VICTORIA SADE

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00