

# L08000081744

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(Address)

(Address)

(City/State/Zip/Phone #)

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2009 DEC -9 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
DEC 10 2009  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Argentinian Grill, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle D'Neil

Name of Person

Managing Member

Title/Company

2377 DD Cypress Manor

Address

Orange Beach, AL 36561

City/State and Zip Code

r-m-dube@argentangogrillofal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle D'Neil

Name of Person

at (941) 234 3198

Area Code & Daytime Telephone Number

or Richard Dube

941 234-8442

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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 Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 DEC -9 PM 12:56

Argentinian Grill, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/26/2008 and assigned  
Florida document number L08000081744

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 "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

504 Via De Palmas  
Boca Raton, FL 33432

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

504 Via De Palmas  
Boca Raton, FL 33432

**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:**

Richard Dube

**New Registered Office Address:**

504 Via De Palmas

*Enter Florida street address*

Boca Raton

*City*

Florida

33432

*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.

Rich Dube

**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

| Title     | Name             | Address                                               | Type of Action                                                             |
|-----------|------------------|-------------------------------------------------------|----------------------------------------------------------------------------|
| VP<br>MGR | Li, Cheong       | 348 S. Federal Hwy #14<br>Dania Beach, FL 33004<br>US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|           |                  |                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| MGRM      | D'Neil, Michelle | 23770 D Cypress Manor<br>Drange Beach, AL 36561<br>US | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|           |                  |                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|           |                  |                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|           |                  |                                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated 12-5, 2009.

Michelle D'Neil

Signature of a member or authorized representative of a member

Michelle D'Neil

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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