

L15000112632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

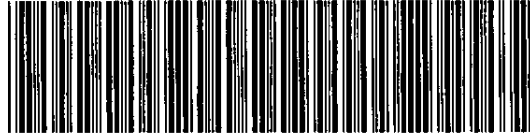
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 AUG -3 P 2 5

AUG 04 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRILL ENTERPRISES, 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:

RUBEN SIERRA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1450 BRICKELL AVE SUITE 2080

\_\_\_\_\_  
Address

MIAMI, FL. 33131

\_\_\_\_\_  
City/State and Zip Code

ygqualityservices@gmail.com

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

For further information concerning this matter, please call:

RUBEN SIERRA

954

594-8765

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)

Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

GRILL ENTERPRISES, LLC

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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

| <u>Title</u> | <u>Name</u>            | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|------------------------|------------------------------|--------------------------------------------|
| MGRM         | MANUEL PITA DE GOUVEIA | 6150 SW 130 AVE., SUITE 1503 | <input type="checkbox"/> Add               |
|              |                        | MIAMI, FL. 33183             | <input type="checkbox"/> Remove            |
|              |                        |                              | <input checked="" type="checkbox"/> Change |
| D            | DANIEL SANCHEZ ARAUJO  | 1450 BRICKELL AVE.,          | <input type="checkbox"/> Add               |
|              |                        | SUITE 2080                   | <input type="checkbox"/> Remove            |
|              |                        | MIAMI, FL. 33131             | <input checked="" type="checkbox"/> Change |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |
|              |                        |                              | <input type="checkbox"/> Change            |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |
|              |                        |                              | <input type="checkbox"/> Change            |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |
|              |                        |                              | <input type="checkbox"/> Change            |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |
|              |                        |                              | <input type="checkbox"/> Change            |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 28 2015

Robert Linn

Signature of a member or authorized representative of a member

RUBEN SIERRA

Typed or printed name of signee

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**Filing Fee: \$25.00**

1. 100  
2. 100  
3. 100  
4. 100  
5. 100  
6. 100  
7. 100  
8. 100  
9. 100  
10. 100