L04000058455

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APR 1 0 2012 **T. HAMPTON**

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: FRES		ANT OPERATION GRO	OUP, LLC
	Name of Limit	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	• .
Please return all corresp	ondence concerning this matter	to the following:	
			· •
		Chia L Chen	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	FRESHSTART RES	TAURANT OPERATION G	ROUP, LLC
		Firm/Company	
	218	E. BEARSS AVE #309	
		Address	
		TAMPA, FL 33613	
		City/State and Zip Code	•
	Vinoyi	336 @ yahoo. Com o be used for future annual report notific	etion)
For further information	concerning this matter, please co	_	
	Chia L Chen	ar (62-0512
Name	of Person	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FRESHSTART RESTAURANT OPERATION GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 07/13/2004 The Articles of Organization for this Limited Liability Company were filed on _____ L04000058455 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VINOY 1936 Management, LLC 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	'	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Chia L Chen	218 E. BEARSS AVE #309 TAMPA, FL 33613	Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	SECRETAIN ISION OF CO
	,	,	PM : 30
 Dated	04/04	, <u>2012</u> .	_
	Signature of	a member or authorized representative of a member	
		Chia L Chen	
		Typed or printed name of signee	

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Filing Fee: \$25.00