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Law Offices of D. Justin Niles, P.A.

> 200 WEST PALMETTO PARK ROAD SUITE 301 BOCA RATON, FLORIDA 33432 (561) 447-9600

Telecopier: (561) 447-0059 E-mail: djniles@djnpa.com

November 17, 2004

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Pies Chiquitos, LLC

Ladies and Gentlemen:

Enclosed please find various documentation to be filed on behalf of Pies Chiquitos, LLC. Also enclosed, please find our firm's trust account check #4469 payable to Florida Department of State in the amount of \$135.00, representing payment of the filing fees. If you have any questions or comments regarding this matter, please feel free to contact our offices.

Very truly yours,

Gail Tomlin

Secretary for D. Justin Niles

Enclosures DJN/gft

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lim	ited liability company is	PIES CHIQUITOS, LLC	
2. The mailing address	of the limited liability c	ompany is : 3200 COCONUT G	ROVE DRIVE,
CORAL GABLES, FI	•		
08/12/2004		L04000060027	
. Date of filing/registration in Florida		4. Document number	er
5. The name of the regi Florida Department	stered agent and the regi	istered office address as shown on	the records of the
-	D. JUSTIN NILES		
••	200 W. PALMETT	Name O PARK ROAD, SUITE 301	'
	BOCA RATON, F	Address LORIDA 33432	200
	City	y, State and Zip	E E
6. The name and address	ss of the new registered	agent and/or office:	2004 MON 19 2004 MON 19
	LUIS MACHADO		
	10273 NW 80TH COURT, SUITE 102		PH 2: 34 ORPORATION
	Florida street addre	ess (P.O. Box NOT acceptable)	ORBO 34
	HIALEAH GARDE	NS <sub>FL</sub> 33010	PES
	City,	State and Zip	
If the limited liability of	amnany is not arganizas	d under the laws of the State of Flo	rida it is hereby

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

## **JORGE HERRERA**

(Printed or typed name of signee)

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.

(Signature of Registered Agent) LUIS MACHADO

Division of Corperations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)