

**LD4000083926**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

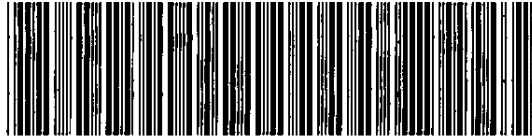
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 28 2009

**EXAMINER**

Office Use Only



**300162063333**

10/26/09--01019--004 \*\*55.00

**FILED**  
09 OCT 26 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GRIMPA HOLDINGS, 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:

**Federico E. Fernandez, Esq.**  
Name of Person

**DiFalco & Fernandez, LLLP**  
Firm/Company

**3301 Ponce de Leon Blvd. Suite 200**  
Address

**Coral Gables, FL, 33134**  
City/State and Zip Code

**fef@difalcofernandez.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Federico E. Fernandez, Esq.** at ( **305** ) **569-9800**  
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)
- \$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**

**GRIMPA HOLDINGS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/18/2004 and assigned Florida document number L04000083926.

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 "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:

DiFalco and Fernandez, LLLP

New Registered Office Address:

3301 Ponce de Leon Blvd. Suite 200

*Enter Florida street address*

Coral Gables

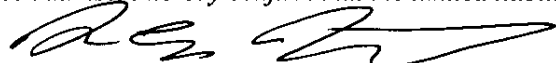
Florida

*City*

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TALLAHASSEE 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.*



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAM, LLC	901 SOUTH MIAMI AVENUE SUITE 101 MIAMI FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	C & R, LLC	901 SOUTH MIAMI AVENUE SUITE 101 MIAMI FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DEA, LLC	901 SOUTH MIAMI AVENUE SUITE 101 MIAMI FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	M. VITORIA, LLC	901 SOUTH MIAMI AVENUE SUITE 101 MIAMI FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	casual dining manager, inc	3301 Ponce de Leon Blvd SUITE 200 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

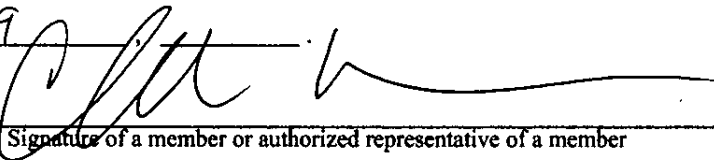
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

10/25/09

X



Signature of a member or authorized representative of a member

Christophe L. DiFalco

Typed or printed name of signee

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 09 OCT 26 AM 8:56

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