## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000883603)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ŋ

Email Addres	e:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MASTER RESTAURANT DEVELOPERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

B. KOHR

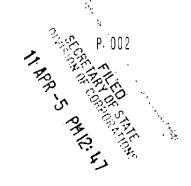
Electronic Filing Menu

Corporate Filing Menu

**EXAMINER** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER RESTAURANT DEVELOPERS, LLC (Name of the Limited Liability Company as it now appears on our records.)



I BDROLT W)	Limited Lisbility Company)		
The Articles of Organization for this Limited Liability C Florida document numberL05000081584	company were filed on	08/17/2005	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limi	ited liability company he	<u>re</u> :	•
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	pany," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		•
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on ress here:	our records, enter th	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E.	nter Florida street addr	
		, 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

MGR = Manager

"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:

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	RAUL TERCILLA	55 MIRACLE MILE SUITE 310 CORAL GABLES, FL 33134	Add Remove
			Add Remove
- <del></del>	<del></del>		Add Remove
	<u></u>		Add Remove
			Add Remove
	<del> </del>		Add Remove
D. Hameno	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	·
			<del></del>
			·
Dated		00	
		of or authorized representative of a member ANUEL M ARVESU	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00