

105000086077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

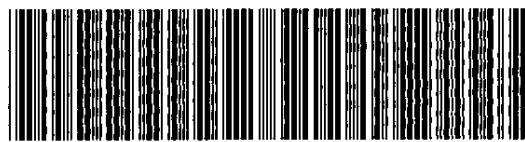
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 22 PM 11:46

T. HAMPTON
NOV 24 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellow Tail Grill
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:

Name of Person

Donald J Rinelli
413 NW Sheffield Cir
Port St Lucie, FL 34983

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Donald J Rinelli at (772) 370-8989

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 FILED
SECRETARY OF STATE
OF DIVISION OF CORPORATIONS

Yellow Tail Grill L.L.C.

10 NOV 22 PM 11:46

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

(A Florida Limited Liability Company)

* 8/30/2005

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L05000086077.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rinelli's Yellow Tail "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)

DONALD J RINELLI
413 NW SHEPPIELD CIR.
PORT ST LUCIE FL 34983

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 _____
City Zip Code

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:

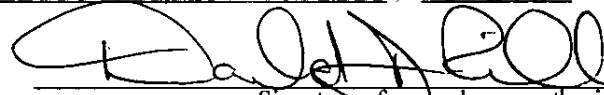
MGR = Manager

MGRM = Managing Member

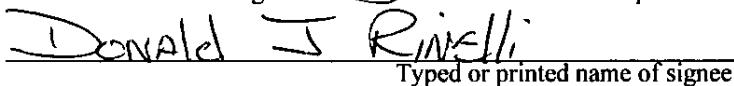
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM MGR	<u>BRIAN LONG</u> (REMOVED)	<u>101 N 2ND ST,</u> <u>FORT PIERCE</u> <u>FLORIDA 34950</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM MGR	<u>Donald J Rivel</u> li	<u>413 NW SHEFFIELD CIR.</u> <u>POET ST LUCIE</u> <u>FLORIDA 34983</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 NOVEMBER 11th
11-11-10, 2010



Signature of a member or authorized representative of a member



Donald J Rivel

Typed or printed name of signee

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 22 PM 11:46