L06000033944

(Requestor's Name)	
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DA SEP -8 AHII: 05

J. BRYAN

SEP -10 2008

EXAMINER

COVER LETTER

Division of Cor			
SUBJECT: BICE G	RAND CAFE MANA	AGEMENT LLC	+
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHAWN ROBINSON		
		(Name of Person)	
	et ?		
	OB SEP -8 AM 11: 05		
	8 COR		
	For		
For further information c	oncerning this matter, please c	all:	ິ ເ ຜ
	, F		
SHAWN ROBINSON		at (786) 207-7875	
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)
	6.11		
Enclosed is a check for the	•		
■ \$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

BICE GRAND CAFE MANAGEMENT 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	ty Company were filed on 03/31/2	006 and assign
Florida document number <u>L 06000033944</u>		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
	<u>-</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Position of America		
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 Title ' **Type of Action** Name 1 <u>Address</u> MGRM EDUARDO NAMNUM YUSIF 3363 NE 163RD ST STE 707 **₽** Add Remove NORTH MIAMI BEACH, FL 33160 ☐ Add Remove 🗂 Add Remove ☐ Add Remove _ Add Remove ☐ Add ☐ Remove

D. If amending any other is	nformation, enter change(s	here:	(Attach additional sheets, if necessary.)	_
Dated SEPTEMBER 4TH	Signature of a member or	authoriz	ed representative of a member	
	EDITARDO NAMNITM			

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00