

LD6000041932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

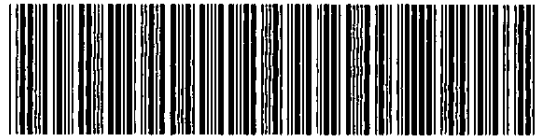
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JAN 11 AM 10:19

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** La Makarena Restaurant  
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:

Elba I. Cintron

Name of Person

La Makarena Restaurant

Firm/Company

11320 NW 48th

Address

Doral, FL 33178

City/State and Zip Code

lamakarenarest@gmail.com

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

For further information concerning this matter, please call:

Elba I. Cintron

Name of Person

at ( 786 )

266-2700

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

FILED  
10 JAN 11 AM 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Gran Vin, 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 Florida and assigned  
Florida document number L06000041932.

This amendment is submitted to amend the following:

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

La Makarena Restaurant, 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:

10779 NW 41st

**(Principal office address MUST BE A STREET ADDRESS)**

Doral FL 33178

Enter new mailing address, if applicable:

11320 NW 48th

**(Mailing address MAY BE A POST OFFICE BOX)**

Doral FL 33178

**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:

Angel C. Torres

New Registered Office Address:

10779 NW 41st

*Enter Florida street address*

Doral

, Florida


33178

*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         | Angel C. Torres | 10779 NW 41ST<br>Doral Fl 33178 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

FILED  
 10 JAN 11 AM 11:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated January 5, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 Elba I. Cintron  
 \_\_\_\_\_  
 Typed or printed name of signee