

L 07 0000 45676

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(City/State/Zip/Phone #)

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DEC 22 2009

**EXAMINER**



000163792240

12/21/09--01037--012 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC 21 PM 12: 29

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GOL Orlando, 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:

Gilberto E. Sanchez  
Name of Person

Sanchez Law Offices, P.A.  
Firm/Company

114 S. Fremont Ave  
Address

Tampa, FL 33606  
City/State and Zip Code

anthony@mdolawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gil Sanchez at (813) 254-1777  
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**

GOL ORLANDO, 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 4/30/2007 and assigned Florida document number L07000045676

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:

Montes de Oca Law Group, LLC

New Registered Office Address:

2701 West Busch Blvd Ste 111  
*Enter Florida street address*

Tampa  
*City*

Florida

33618  
*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.*

*Jose C. Montes de Oca*  
If Changing Registered Agent, Signature of New Registered Agent

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DIVISION OF CORPORATIONS  
09 DEC 21 PM 12:09

**• 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	Espeto de Prata Brazilian Steakhouse, LLC	5350 International Dr. Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Edwin M. Maldonado	5350 International Dr Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Edwin M. Maldonado	5350 International Dr Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" 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.)**

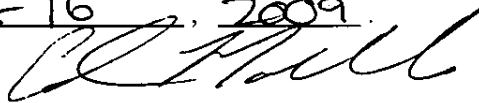
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated December 16, 2009



Signature of a member or authorized representative of a member

Edwin M. Maldonado

Typed or printed name of signee