

LO7000062365

(Requestor's Name) .

(Address)

(Address)

L07-62365

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

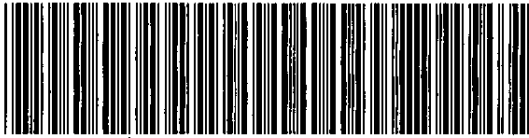
(Business Entity Name)

(Document Number)

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FD-36 (Rev. 5-22-64)

08 MAR 28 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RE. ~~CONFIDENTIAL~~ MAR 31 1954

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRASIL BRASIL, 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:

ROBERT J. JONES  
(Name of Person)

(Firm/Company)

8200 W. Sunrise Blvd, Suite A-1  
(Address)

Plantation, FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT JONES at (954) 236-5265  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2008

ROBERT J. JONES  
8200 W. SUNRISE BLVD.  
SUITE D-1  
PLANTATION, FL 33322

SUBJECT: BRASIL BRASIL RESTAURANT, LLC  
Ref. Number: L07000062365

We have received your document for BRASIL BRASIL RESTAURANT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must be listed exactly as it appears on DOS records.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 208A00012788

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**FILED**  
08 MAR 28 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BRASIL BRASIL, 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 JUNE 13, 2007 and assigned  
Florida document number L 070000 62365.

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."

**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:

ROBERT J. JONES

New Registered Office Address:

8200 W. SUNRISE BLVD, Suite D-1

(Enter Florida street address)

Plantation

(City)

, Florida

33322

(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.

Robert Jones

(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

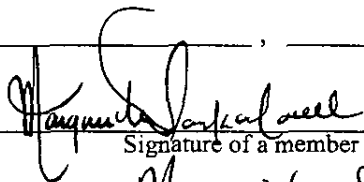
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS FERREIRA	10427 GREENWICH CT EAST BOCA RATON, FL 33428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NORMA JUFFO PETERSEN	2542 UNIVERSITY AVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARGUERITE SANKARALL (MARGUERITE SANKARALL)	4801 HOLLY DRIVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RAJIV SANKARALL RAJIV SANKARALL	4801 HOLLY DRIVE TAMARAC, FL 33319	<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

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

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

FILED  
08 MAR 28 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Marquerite Sankarall

Typed or printed name of signee