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SECRETARY OF STATE
TALL ANA SSEE, FLORIDA

D. BRUCE

OCT 3 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CASA RESTAURANT MANAGEMENT, 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:
Barry Schinder, Esq. (Name of Person) Barry S. Schinder PA (Firm/Company) 1940 Harrison St #304 (Address) Hollyword FL 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
Bary Schinder at (954) 523 8100 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Orby (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

(Name of the Limited Liability Cor (A Florida Limit	MANAGEMENT, LLC mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u> トゥ8००० zo 38 3</u> .	pany were filed on $\frac{2/26/08}{}$	and assigned
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 "I" L.L.C."	Limited Liability Company," the designa	7
Enter new principal offices address, if applicable:		08 SEC ALL
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	OCI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		30 PM 1: 42
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	eei aaaressj
····	, Flori (City)	da(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

. . . 4

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 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 Address Type of Action <u>Title</u> <u>Name</u> M.GRM LEDNALDO RING Add Remove LAURA N. RING Remove Add Remove 🗖 Add Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00