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D. BRUCE
MAR 2 2009
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:
MARTIN A. Zucker (Name of Person)
MARTIN A. Zucker, P.A. (Firm/Company)
FONT LAUDENDALE FL 33309 (City/State and Zip Code)
Fort Laurendale FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
Enclosed is a check for the following amount: The same of Person To Same of Person at (954) 727-9920 (Area Code & Daytime Telephone Number) The same of Person To Same of Person at (954) 727-9920 (Area Code & Daytime Telephone Number) The same of Person To Same of Person at (954) 727-9920 (Area Code & Daytime Telephone Number) The same of Person To Same of Person at (954) 727-9920 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: Substituting Su

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

CASA RESTAU	Company as it now appears on our record mited Liability Company)	LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Co Florida document number <u> </u>		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		09 TALLIA		
(<u>Principal office address MUST BE A STREET ADDRE</u>	ESS)	ARRIVED T		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE ORIDA		
B. If amending the registered agent and/or registe 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	(Enter Florida street address)		
	, Flori	ida		
	(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 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>	Address	Type of Action
MGR	MARIA Flores	1948 Hollywood Blad Hollywood, FL 33020	Add Remove
MERM	LEONARDO Ring	1948 Hollywood Block Hollywood PC 93020	Add Remove
MEKM	LANDA N. RING	1948 Hollywood Blad Hollywood Re 33020	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	O9 FEB 27 AM II: 27 SECRETARY OF STATE ALLAHASSEE, FLORID
Dated	Ma	or authorized representative of a member	7 -
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00