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SAMUEL D. BALLEN
JONATHAN BLOOM*
MICHAEL, A. FREELING**
ALSO ADMITTED IN
NEW YORK
CONNECTICUT
WASHINGTON D.C.

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NEW YORK OFFICE: 44 SOUTH BROADWAY 4TH FLOOR WHITE PLAINS, NY 10601 TEL: 914-421-3085 FAX: 914-686-5141

April 10, 2008

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations - Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Rosano Restaurant Group BB, LLC; Rosano Restaurant Corp.; Rosano

Restaurant Group CC, Inc.; and Rosano Sawgrass, Inc.

To Whom It May Concern:

Enclosed herewith please find the following to be filed accordingly.

- Cover Letter together with Articles of Amendment to Articles of Organization of Rosano Restaurant Group BB, LLC;
- 2. Cover Letter together Article of Dissolution of Rosano Restaurant Corp.;
- 3. Cover Letter together Articles of Amendment to Articles of Incorporation of Rosano Restaurant Group CC, Inc.; and
- 4. Cover Letter together Articles of Amendment to Articles of Incorporation of Rosano Sawgrass, Inc.

Also, please find enclosed check number 676 in the amount of \$210.00 payable to Florida Department of State which represents the filing fees for the above-referenced. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Jonathan Bloom

JB/el Enclosures

cc: Wendy Rosano (via email)

April 10, 2008

VIA FEDERAL EXPRESS

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Division of Corporations - Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Jonathan Bloom

JB/el Enclosures

cc: Wendy Rosano (via email)

COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT. Rosano F	Restaurant Group BB,	LLC	
SUBJECT:		ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jonathan Bloom, Esc		
	Johaman Bloom, Est	(Name of Person)	
	Bloom & Freeling		
	Dicell at recing	(Firm/Company)	
	0005 NIM 0	Divid Outs 447	
	2295 NW Corporate	(Address)	
	Boca Raton, Florida	33431 (City/State and Zip Code)	
		(Only is laid and Exp Code)	
For further information co	ncerning this matter, please o	eall:	
Jonathan Bloom, E	sa.	at (561) 864-0000	
(Name of		(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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)
	NG ADDRESS:	STREET/COURIER	ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporation	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 APR 11 AM 10: 18
SECRETARY OF STATE

TALLAHASSEE FLORIDA

Rosano Restaurant Group BB, 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 April 9, 2008 ____ and assigned Florida document number L08000036055 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mio Boynton, LLC 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: New Registered Office Address: (Enter Florida street address) (City) 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

OR APR I I AM 10: SECRETARY OF SI TALLAHASSEE FLO	<u>Title</u>	<u>Name</u>	Address	Type of Action
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 10, 2008				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remove Add Remove				Add
Dated April 10, 2008				Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remove				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remove				
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Dated April 10, 2008 Dated April 10, 2008				O8 APF
(I/INS/II)		<u> </u>	,	ASSE
Signature of a member or authorized representative of a member	Dated April	10, 2008	 /	STATE ORIDA
		Signature of a mem	ber or authorized representative of a me	ember

Page 2 of 2

Filing Fee: \$25.00