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SECRETARY OF STATE
ANASSEE, FLORIDA

T. CLINE
DEC - 2 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: DRIE	NT EXPRESS	CAFE LLC. ited Liability Company)	•
	(Name of Limi	ited Liability Company)	
	Amendment and fee(s) are sub- ndence concerning this matter	· ·	
		ENH (Name of Person)	-
	ORIENT	EXPRESS CAFÉ LLC, (Firm/Company)	
		(Address)	-
	PALM BA	Y FL 32907 (City/State and Zip Code)	2008 DE SECRETALLA
For further information co	oncerning this matter, please ca	all:	2008 DEC - 1 AH IO: 47 SECRETARY OF STATE TALLAHASSEE, FLORIC
JEN	SENH	at (321) 727 - 7888 (Area Code & Daytime Telephone Numb	AH IO
(Name o	of Person)	(Area Code & Daytime Telephone Numb	HIO: 47
Enclosed is a check for the	ne following amount:		<i>y</i>
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, 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 1	EXPRES	now appears on	É LL our records.)	<u>C.</u>	
(AT	lorida Limited Liability	Company)			
The Articles of Organization for this Limited Lia	bility Company were f	iled on05	127/200	8 and assigned	đ
Florida document number <u>L 08 000052</u>	<u>585</u> .				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	mpany here:			
·					
The new name must be distinguishable and end with	the words "Limited Lia	bility Company,"	the designation "	LLC" or the abbre	viation
'L.L.C."				78E 28	
Enter new principal offices address, if applical	ble:			A BO	Market Market
<u>(Principal office address MUST BE A STREET</u>	'ADDRESS)			TO 0	- State of S
	<u></u>			SSE -	- include
				PF ST	Secretary of the Parket
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	_	ldress on our	records, <u>enter</u>	the name of the	e new
registered agent and/or the new registered offi	ce audi ess nei e.				
Name of New Registered Agent:	J_{E}	EN SE	NH		
New Registered Office Address:	1561	TACOBIA (Finter)	ST.	NW ddress)	
	<u> </u>	<u>8 A Y</u>)	, Florida	32907 (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 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 **Type of Action Title** <u>Name</u> **Address** MGRM BINH H NGUYEN ☐ Add Remove 🗂 Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Nov . 2008. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00