## U800056200

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EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	SC	RIBS, LLC			
•	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
·		Jose J. Leonardo			
Name of Person					
	Firm/Company				
	500 S	Coral Gables, FL 33146  City/State and Zip Code			
	Cr				
	E-mail address: (	onardo@jleonardolaw.com to be used for future annual report notif	ication)	2010 APR -9 AM H: 11 SECRETARY OF STATE TALLAHASSEE, FLORID	
For further information	concerning this matter, please of	eall:		<b>D</b>	
Jose Leonardo Name of Person		at ( 305 ) Area Code & Daytim	275-9177 e 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	l) Certified	te of Status &	

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

SCRIBS 34, LLC	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	<del></del>
(A Florida Emitted Elability Company)	
The Articles of Organization for this Limited Liability Company were filed on June 6, 2008	and assigned
Florida document number L08000056200	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
	201 S
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	TIG or the abbreviation
Enter new principal offices address, if applicable:	SSE SSE
(Principal office address MUST BE A STREET ADDRESS)	ma E
	C S = .
Enter new mailing address, if applicable:	<i>y</i>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the new
	)
Name of New Registered Agent: Guilermo J. Pelgao  New Registered Office Address: 10021 Sw 80 AUCNUM	<u>F0</u>
Enter Florida street ad	
Minni, Florida, Florida	<u> 33156</u>
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 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

**Title** Name 1 <u>Address</u> Type of Action MGRM Eduardo Escribano III 10530 NW 54 Street ☐ Add Doral, Florida 33178 √ Remove Eduardo Escribano, Jr. MGRM 10530 NW 54 Street ☐ Add Doral Florida 33178 ✓ Remove MGRM Guillermo J. Delgado ✓ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 2010 Dated Signature of a member or authorized representative of a member Guillermo J. Delgado, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00