L08000078726

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COVER LETTER

TO:

Registration Section Division of Corporations

TRATT

TRATTORIA IL MIGLIORE OF AVENTURA, 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:

Gary H. Kornik, Esq.

Name of Person

Fromberg, Perlow & Kornik, P.a.

Firm/Company

18901 NE 29th Avenue, Suite 100

Address

Aventura, Florida 33180

City/State and Zip Code

gkornik@fpk-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary H. Kornik, Esq.

__305\933-2000

Name of Person

Area Code & Daytime 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)

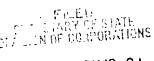
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



12 DEC 19 PH 12: 01

TRATTORIA IL MIGLIORE OF AVENTURA, 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 Lia	ability Company w	ere filed on 06/18/200	and assigned
Florida document number L08000078726	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and end with "L.L.C."	1 the words "Limite	d Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered of		ce address on our reco	ords, enter the name of the new
Name of New Registered Agent:	CRAIG SILV	ER	
New Registered Office Address:	New Registered Office Address: 2576 Northeast Miami Gardens Drive		
		Enter Flori	ida street address
	Aventura		, Florida <u>33180</u>
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered 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. Thereby 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	<u>Name</u>	Address Type of Action
MGR	Marvin Gross	2576 Northeast Miami Gardens Drive Add
		Aventura, Florida 33180 Remove
<u>T</u>	Steve Shea	2576 Northeast Miami Gardens Drive
		Aventura, Florida 33180 Remove
MGR	Brett Redstone	2576 Northeast Miami Gardens Drive
		Aventura, Florida 33180 Remove
MGR	Craig Silver	2576 Northeast Miami Gardens Drive Add
		Aventura, Florida 33180 Remove
		Add
		Remove
		77 Fradd
		P Remove

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
_	
No	vember 19 2012
ed INO	
	Signature of a member or authorized representative of a member
	CRAIG SILVER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00