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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## BOVA RESTAURANT GROUP, LLC

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11/6/2008

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOVA RESTAURANT GROUP, 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 9/23/08 and assigned Florida document number L08000090560
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
THE BOVA GROUP, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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)
, Florida
(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)
Page 1 of 2

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:

<u> Fitle</u>	Name	Address	Type of Action
			Add
			Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	sary.)
<del></del>			
Dated <u>Noven</u>	nber 6 20	08	O8 NOV
	Signature All mor	mber of authorized representative of a member	
	•		
	ĎAVID J. BODEN	med or printed name of signee	NS. 1
	ĎAVID J. BODEN	ped or printed name of signee Page 2 of 2	COZ. I