

L08000108790

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 11 PM 12:47

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COVER LETTER

TO: **Registration, Section**
Division of Corporations

SUBJECT: Cancun Grill Miramar 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:

Jeannette Cardenas

Name of Person

Tulum Mexican Restaurant & Bar

Firm/Company

14395 Miramar Prkw.

Address

Miramar FL 33027

City/State and Zip Code

jeannettevilaro@hotmail.com

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

For further information concerning this matter, please call:

Jeannette Vilaro

Name of Person

at (786)

266-6998

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cancun Grill Miramar 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 11/24/2008 and assigned
Florida document number L08000108790.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tulum Mexican Restaurant & Bar LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14395 Miramar Prkw

Miramar FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14395 Miramar Prkw

Miramar FL 33027

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TALLAHASSEE FLORIDA

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:

N/A

New Registered Office Address:

N/A

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

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:

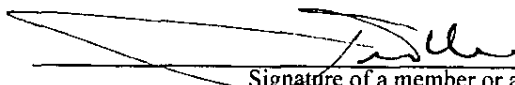
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeannette Cardenas	6095 NW 167 ST Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MRG	Jeannette Vilaro	8052 NW 161 Terr Miami Lakes FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MRG	Martin Cardenas	6095 NW 167 ST Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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CLERK OF SUPERIOR COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____



Signature of a member or authorized representative of a member
Jeannette Cardenas

Typed or printed name of signee