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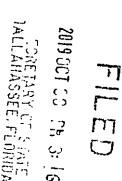
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COVER LETTER

TO: Registration Section , v Division of Corporations
SUBJECT: DLUX RESTAURANT AND BAR LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERALD FIRMIN Name of Person
Name of Person Name of Person Name of Person Name of Person Firm/Company Name of Person Name of Person Name of Person
2333 Hollywood BLUD
Hollywood F 33320 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GERALD FIRMIN at (754) 802 - 1747 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) 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

D'LUX RESTAURANT	AND BAR, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>ty as it now appears on our records.</u>) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on $01/06/2009$ and assigned
Florida document number <u>L090000126</u> 7	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
	ي
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
	Fig 7 O
	The same
Enter new mailing address, if applicable:	REFE 6
(Mailing address MAY BE A POST OFFICE BOX)	<i>y</i>
B. If amending the registered agent and/or registered off 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	JANUS DONJOIE	1065 NE 160 R ST North MIAMI BEACH FL 33162	Add
		North MIAMI BEACH	□ Remove
		FL 33162	□ Change
			Remove
			Change
			Add
			Remove
			Change
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f an effective Note: If th	e date is listed, e date inserte	r than the d the date must be ed in this bloc te on the Dep	e specific and k does not n	cannot be price	icable statuto	ing or more than ry filing requi	(option 90 days after the series of th	nal) filing.) Pursuant to date will not be	605.0207 (listed as t
		a delayed e er the recor		ate, but n	ot an effec	tive time,	at 12:01 a	.m. on the ea	ırlier of:
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Dated	<u>~</u>		ساء ۽	()					
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Filing Fee: \$25.00