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(Re	equestor's Name)	
(Ac	ldress)	·
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ЕСТ: <i>Е</i>	Name of Lim	OUKMET EMPAY	MAS LLC
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matte	r to the following:	
			M GIR~~~	
			Firm/Company	
		<u>Bo</u> ×	5032	·
		DOERNE LIJ	Address Address City/State and Zip Code Olo A AOC. Con (to be used for future annual report notification)	(334 Z
For fur	ther information	concerning this matter, please		R 28 ASSE
	M	of Person	at (954) 574 Oc Area Code & Daytime T	All ASSEE, FESTAL STEEL
				19 10 _A
Enclos	ed 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**

EDUARDO'S GOURMET EMPHINADAS LLC (Name of the Limited Liability Company as it now appears on our records.)				
(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 January 2011 2010 and assigned				
Florida document number <u>LO90000 5 R92</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation				
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: 136 NE 4771 AUE				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Principal office address MUST BE A STREET ADDRESS)				
H 33447				
Enter new mailing address, if applicable: P. O. Box 5032				
(Mailing address MAY BE A POST OFFICE BOX) DEEK GEO BEACH.				
FL 33442 PE				
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: Sysam Gyerra S				
New Registered Office Address: 136 N. E. 4FH AVENUE				
Enter Florida street address				
DEERGIED BEALH, Florida 33441				
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>	Address	Type of Action
MGR	MICHAR SHOPI	BOCA LATION FL 33433	Add Remove
Marn	Susan GUER	DEERGIES BERNE EL 33441	Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)
_			TALLENE LAHE LAHE LAHE LAHE LAHE LAHE LAHE LAH
			ARY OF SEEE, FL
Dated	MAKH 22~0	de 11	D STATE ORIBA
	Signature of	of a member or authorized representative of a member of authorized representative of a member of Susa. Typed or printed name of signee	er

Page 2 of 2

Filing Fee: \$25.00