## 109000014559

(Requestor's Name)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)	:	)
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(Document Number)	-	<u>.</u>
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Certified Copies *** Certificates of Status	- }	i
Special Instructions to Filing Officer		7
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SECRETARY OF STATE

D. BRUCE

AUG 07 2009

**EXAMINER** 

## **COVER LETTER**

	Registration Sect Division of Corpo					
SUBJEC	Tr: 7	THE UNDERGRO	UND @ THE PLAZ	A, LLC		
502020			ted Liability Company			
The encl	osed Articles of A	mendment and fee(s) are sub	omitted for filing.			
		dence concerning this matter	-			
			FAWN GONZALES			
Name of Person  THE UNDERGROUND @ THE PLAZA, LLC						
	Firm/Company					
177 S. ORANGE AVE						
Address					VEC 85.09	•
ORLANDO, FL 32801					AUG -6 CRETARY LAHASSE	11
	City/State and Zip Code					
		FLDOC@THE	JNDERGROUNDORL	ANDO.COM	m <sub>G</sub> æ	Ш
		E-mail address: (	to be used for future annual repor	rt notification)	AM II: 26 OF STATE E. FLORID	D
For furth	er information con	cerning this matter, please of	eall:		26 RIDA RIDA	
	BLANC	A DEJESUS	at ( 407 )	744-5093		
	Name of P	'erson	Area Code & I	Daytime Telephone Number	•	
Enclosed	l is a check for the	following amount:				
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &	sed)
	Registrati Division ( P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited I	ishility Compa	ny as it now annears	on our records )				
(Name of the Limited I (A)	Florida Limited I	Liability Company)	on our records.				
The Articles of Organization for this Limited Lia Florida document number		were filed on	02/12/2009	and a	ssigned		
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here	:				
THE UNI	DERGROUN	D ORLANDO, LI	LC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compan	y," the designation '	'LLC" or the	abbreviation		
Enter new principal offices address, if applica	177 S. ORANG	GE AVE	As a				
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	ORLANDO, FI	_ 32801	9 AUG - ECRETA	11		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		177 S. ORANO ORLANDO, FI	_ 32801	-6 AM 11: 26	LED		
B. If amending the registered agent and/or registered agent and/or the new registered officers.  Name of New Registered Agent:	ice address her			the name	of the ne		
Name of New Registered Agent.							
New Registered Office Address: 177 S. ORANGE AVE							
			er Florida street ad				
		DRLANDO	, Florida	328			
		City		Zip Co	de		
N							

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. Thereby confirm that the limited liability company has been notified in writing of this change.

f 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:

MGR = Manager

MGRM = Managing Member **Type of Action Address Title** <u>Name</u> FAWN GONZALES MGR 171 S. ORANGE AVE □Add Remove ORLANDO, FL 32801 BENJAMIN SAENZ MGR **✓** Add 177 S. ORANGE AVE ORLANDO, FL 32801 Remove MGRM Global Equity Management 177 S. ORANGE AVE ✓ Add ORLANDO, FL 32801 Remove ☐ Add Remove □Add Remove ∏Add Remove 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

Page 2 of 2

Filing Fee: \$25.00