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SECRETARY OF STATE DIVISION OF CORPORATION

N. Culligan FEB 15 2011

COVER LETTER

Registration Section Division of Corporations

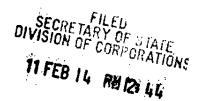
Tallahassee, FL 32314

TO:

SUBJECT:	HOLLYWOOD	JAMAICAN CAFE, I	_LC
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	: .	DONALD COOMBS	
	,	Name of Person	
	HOLLYW	OOD JAMAICAN CAF	E. LLC
		Firm/Company	
		15 HOLLYWOOD BLVI	
		Address	
		VIAIOOD ELODIDA 22	020
		YWOOD, FLORIDA 33 City/State and Zip Code	020
	: SCOC	MBS20@HOTMAIL.C	OM
	E-mail address: (to be used for future annual repor	t notification)
For further information	on concerning this matter, please	call:	
	NALD COOMBS	at (_786_)	474-0515
Nan	ne of Person	Area Code & D	aytime Telephone Number
Enclosed is a check for	or the following amount:	• .	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	AILING ADDRESS: distration Section dision of Corporations dispersion Box 6327	STREET/CO Registration S Division of C Clifton Build	orporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

HOLLYWOOD JAMAICAN CA	AFE, LLC
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed on	05/13/2009 and assigned
lorida document numberL0900046713	
· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :
The new name must be distinguishable and end with the words "Limited Liability C L.L.C."	ompany," the designation "LLC" or the abbreviation
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)	
,	
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
** , , ,	Enter Florida street address
	, Florida

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.

City

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 Title Name **Address** Type of Action **MGRM** DONALD COOMBS 5715 HOLLYWOOD BLVD ✓ Add Remove HOLLYWOOD, FLORIDA 33021 ☐ Add Remove _∐ Add Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 11TH** 2011 Dated Signature of a member or authorized representative of a member DONALD COOMBS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00