L09000053567

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- . i	J Lorenzo J.L. Lorenzo, 25 SEABREE	n ID: BCTA (561) 276-810 P A ZE AVENUE ACH, FL 33483	Fedex.		
•	(City	/State/Zip/Phone	e #)		
PIC	K-UP	WAIT .	MAIL		
(Business Entity Name)					
	(Doc	ument Number)			
	(222				
Certified Copies		Certificates	of Status		
Special Instruc	tions to F	iling Officer:			

A. LUNT

AUG **2 6** 2009

EXAMINER

Office Use Only



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08/24/09--01054--008 **25.00

2009 AUG 24 AM 10: 03
SECKETARY OF STATE

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

	CDS GF	RATIFY, LLC				
(<u>N</u> n	me of the Limited Liability Co. (A Florida Limi	mpany as it now apperted Liability Company)	ers on our records.)		
The Articles of Organization i	or this Limited Liability Comp	oany were filed on	JUNE 02, 20	09 and assigned		
Florida document number	L09000053567					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited	liability company ho	ere:			
The new name must be distingu	ishable and end with the words "	Limited Liability Comp	eany," the designation	on "LLC" or the abbreviation		
Enter new principal offices :	address, if applicable:					
(Principal office address MU	ST BE A STREET ADDRES.	<u></u>				
				2005 SE		
Enter new mailing address,	if applicable:			AUG 2		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		H O Y		
				FS E		
				PATE OR RID		
	ered agent and/or registered new registered office address		our records, ent	ter the name of the new		
Name of New Regis	tered Agent					
Name of thew Regis	tered Agent.					
New Registered Office Address:						
		E	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, of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CDS RESTAURANTS, LLC	3299 NW BOCA RATON BLVD BOCA RATON, FL 33431	Add Remove
MGR	WILLIAM H. MILMOE	3299 NW BOCA RATON BLVD BOCA RATON, FL 33431	Add Remove
MGR_	GENE PLAYTER	3299 NW BOCA RATON BLVD BOCA RATON, FL 33431	✓ Add Remove
			Add Remove
			ZIMAR PROVE PILL AND
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	DE G
			
Dated	AUGUST 18 20	09	
	Signature of a member	or authorized representative of a member	
	- WIL	LIAM H. MILMOE	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00