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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 28 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MALBEC STEAKHOUSE ,LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO J IBARRA

Name of Person

ALBERTO J IBARRA, PA

Firm/Company

8405 NW 53 ST, SUITE C-101

Address

DORAL, FL 33166

City/State and Zip Code

aibarra@ajicpa.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALBERTO J IBARRA

Name of Person

at ( 305 )

4779336

Area Code & Daytime Telephone Number

Enclosed 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**

**MALBEC STEAKHOUSE, LLC**

(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 JULY 13, 2009 and assigned Florida document number L09000067021.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1575 WINTERBERRY LANE

WESTON FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1575 WINTERBERRY LANE

WESTON FL 33327

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TALLAHASSEE, FLORIDA

**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:

ANELISSE SOTO-VEGA

New Registered Office Address:

1575 WINTERBERRY LANE

*Enter Florida street address*

WESTON

, Florida

33327

*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.*

*ANELISSE SOTO-VEGA*  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MBE ORIENTE, C.A	C/O ASCANIO NEGRETTI 1575 WINTERBERRY LANE WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EDGAR VEGA	1575 WINTERBERRY LANE WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANELISSE SOTO-VEGA	1575 WINTERBERRY LANE WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Art VI: Capital Allocation

The capital Percentage of each MGRM, which will be used for distributions and allocations of income and losses is:

Edgar Vega 39%, Anelisse Soto-Vega 10%

MBE ORIENTE, C.A. 51%

Dated September 17, 2010

Signature of a member or authorized representative of a member

EDGAR VEGA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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