## 109000014817

| (Re                                     | questor's Name)   |             |  |
|---|-------------------|-------------|--|
| (Ad                                     | dress)            |             |  |
| (Ad                                     | dress)            |             |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Bu                                     | siness Entity Nar | me)         |  |
|   |                   |             |  |
| (Do                                     | cument Number)    |             |  |
| Certified Copies                        | _ Certificates    | s of Status |  |
| Special Instructions to Filing Officer: |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |

Office Use Only



200237389492

07/16/12--01019--002 \*\*30.00

2012 JUL 16 PM 1: 46
SECRETARY OF STATE
AND ANASSEE, FLORIDO

T. CLINE
JUL 17 2012
EXAMINER

## **COVER LETTER**

| TO: Registration S Division of Co |   |   |                         |             |  |  |
|-----------------------------------|---|---|-------------------------|-------------|--|--|
| SUBJECT:                          | CHINES  | E CAFE AT 900   |                         |             |  |  |
|                                   | <del></del>   | ited Liability Company                                      | <del>, ,,,</del>        |             |  |  |
|                                   | f Amendment and fee(s) are su<br>condence concerning this matte | •   |                         |             |  |  |
|                                   | <b>.</b>  |   |                         |             |  |  |
|                                   |   | Jose F Pena   |                         |             |  |  |
|                                   |   | Name of Person  |                         |             |  |  |
|                                   |   | Chinese Cafe at 900   |                         |             |  |  |
|                                   |   |   |                         |             |  |  |
|                                   |   |   |                         |             |  |  |
|                                   | 900 Biscayne Blvd #104 Address                                  |   |                         |             |  |  |
|                                   |   | Miami FL 33132  | •                       |             |  |  |
| City/State and Zip Code           |   |   |                         |             |  |  |
|                                   | jo  | se.pena@privetel.com<br>(to be used for future annual repor |                         |             |  |  |
|                                   |   |   | t notification)         |             |  |  |
| For further information           | concerning this matter, please                                  | call;   |                         | ANAS I      |  |  |
| J                                 | lose F Pena   | at ( 305 )  | 321-9865                | ASS IS      |  |  |
| Name Enclosed is a check for      | of Person   | Area Code & D   | aytime Telephone Number | of STATE    |  |  |
| \$25.00 Filing Fee                | _   |   |                         | 3>          |  |  |
| \$25.00 Fining Fee                | <b>✓</b> \$30.00 Filing Fee & Certificate of Status             | \$55.00 Filing Fee & Certified Copy (additional copy is end | closed) Certified (     | of Status & |  |  |
| •                                 |   |   |                         |             |  |  |

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

| CHINES  | <u>SE CAFE AT 900</u>                              |                          |  |  |
|---|--|--------------------------|--|--|
| (Name of the Limited Liability<br>(A Florida L                      | Company as it now appear imited Liability Company) | rs on our records.)      |  |  |
| The Articles of Organization for this Limited Liability Co          | ompany were filed on                               | 08/04/2009               | and assigned                                   |  |
| Florida document numberL0900074817                                  | _·   |                          |  |  |
| This amendment is submitted to amend the following:                 |  |                          |  |  |
| A. If amending name, enter the new name of the limi                 | ted liability company he                           | re:                      |  |  |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited Liability Comp                         | any," the designation "I | LC" or the abbreviation                        |  |
| Enter new principal offices address, if applicable:                 | <del></del>  |                          |  |  |
| (Principal office address MUST BE A STREET ADDR                     | ESS)   |                          | <u> 193                                   </u> |  |
|   |  |                          | TES S  |  |
|   |  |                          | PAGE AND ARREST                                |  |
| Enter new mailing address, if applicable:                           |  |                          | AR)  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                          |  |                          | F 12 11  |  |
|   |  |                          |  |  |
|   |  |                          | 22 to 15                                       |  |
| B. If amending the registered agent and/or regist                   | ered office address on                             | our records, enter t     | he name of the new                             |  |
| registered agent and/or the new registered office add               | <u>ress here</u> :                                 |                          |  |  |
| Name of No. 10. 14.   |  |                          |  |  |
| Name of New Registered Agent:                                       |  |                          |  |  |
| New Registered Office Address:                                      |  |                          | <del> </del>                                   |  |
|   | Enter Florida street address                       |                          |  |  |
|   |  | , Florida                | <del></del>                                    |  |
|   | 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 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 <u>Name</u> <u>Address</u> **Type of Action** Prive Consulting Group LLC **MGRM** 900 Biscavne Blvd #105 ☐ Add ☑ Remove Miami, FL 33132 MGR Ruth Kisielnicki 900 Biscayne Blvd #104 ✓ Add Miami, FL 33132 Remove ☐ Add ☐ Remove □Add □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/12 2012 Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00