L09000079658

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TQ: Registration S Division of Co					
SUBJECT: STONE C	GRILL 95, LLC.	ited Liability Company)			
	(Name of Emi	ica Liability Company)			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JAY PHILLIP PARKER				.*¥.÷
	ON THEE TAXABLE	(Name of Person)			
JAY PHILLIP PARKER, P.A.				7A S	
(Firm/Company)				2009 OCT 14 SECRETARY FALLAHASSE	70
		TARY	parame		
		(Address)			r m
	MIAMI BEACH, FL 3313				
(City/State and Zip Code)				58 ATE RIDA	
For further information	concerning this matter, please c	all:			
JAY PHILLIP PARKE	R	at (305) 695-2699			
(Name of Person)		(Area Code & Daytime T	'elephone Number)	r	
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)	Certified C	of Status &	·d)
MAII	LING ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STONE GRILL 95, LLC.	•		
(<u>Name of the Limite</u>	d Liability Compa A Florida Limited	nny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited I.	Liability Company	y were filed on 08/18/2009	and assigned
Florida document number L09000079658			
	_ _		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
N/A		,	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	2009 SEL
(Principal office address MUST BE A STREET ADDRE			AAR O
			SS
			7 7 7
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		82 : 5 0 : 5
B. If amending the registered agent and registered agent and/or the new registered or	v		s, enter the name of the nev
		_	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Florida	street address)
	-		lorida
		(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 Type of Action Title Address Name FILIPPO MASTROCOLA MGRM 1691 Michigan Ave., Suite 320 Add Remove Miami Beach, FL 33139 _ Add __ Remove _n_ Add ___ Remove N/A Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER 13 Signature of a member or authorized representative of a member LINDA RINALDI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00