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G. MCLEOD

JUN 1 8 2010

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporation	on rátions		•	
SUBJECT:	Car	e Moe's LLC	•	
50B0DC1.		nited Liability Company	<del> </del>	-
The enclosed Articles of Am		_		
,				
		Jane Schneider Name of Person	<u>, in the second of the second</u>	_
	•	wane of Ferson		
•••• · •• • • • • • • • • • • • • • • •		Moe's Southwest Grill		· 
		Firm/Company		
	23	3050 Via Villagio Unit 125	5	<del></del>
		Address		
•		Estero Florida 33928		
		City/State and Zip Code	:	-
	janen	noesswfl@embarqmail.c	om	_
For further information cond		•	i nontication)	
laaa	Oakaatala	000	0.40,0000	
Name of Pe	Schneider	at ( 239 )	948-0388 aytime Telephone Numb	
		7,7,00,000,00,10	·	
Enclosed is a check for the f	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enc	Certifi losed) Certifi	iting Fee, cate of Status & ed Copy onal copy is enclosed)
	G ADDRESS:		Durier address:	
	on Section of Corporations	Registration S Division of C		
P.O. Box	6327	Clifton Build	ing	
i ananasse	ee, FL 32314	Tallahassee, I	ve Center Circle FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE MO				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear iability Company)	's on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	9/10/09	and ass	signed
Florida document numberL0900087374				
This amendment is submitted to amend the following:		,		
A If amending name, enter the new name of the limited liab	ility company her	<b>e</b> : ,		
CAPE BURRI	ITOS, LLC	•		• •
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ny," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:			<del></del> ;	
(Principal office address MUST BE A STREET ADDRESS)			Arc. <b>5</b>	
·				
			17 ANA 17	
Enter new mailing address, if applicable:	<del> </del>	THWEST GRILL	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		ILLAGIO #125	<u> 은</u> 전 <b>살</b>	
	ESTERO, FL	. 33928	10 A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name	of the nev
registered agent and/or the new registered office address her	<u>c</u> . ,			
Name of New Registered Agent:		. !		
	, <u>"</u> <del>"</del> "		-	•
New Registered Office Address:	En	ter Florida street ac	ddress	
	City	, Florida _	Zip Cod	le

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:

	<u>Name</u>			Address			Type of Action
<u>Title</u>	<u> </u>			Autres			Type of Action
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