L09000091674

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SECRETARY OF STATE

N. C-11000 SEP 2 5 2009

COVER LETTER

TO: Registration 8 Division of C			
SUBJECT:	IJI Restau	rant Partners, LLC	
<u></u>	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are su	<u>-</u>	
		Michael J. Palermo	
		Name of Person	
	Mi	ichael J. Palermo, P.A.	
•			
		Address	
		Tampa, FL 33629	
		City/State and Zip Code	
		e@palermoclosings.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	call:	
B 41 -	haat I Dalawaa	040	207.0047
	hael J.Palermo of Person	at (813) Area Code & Daytime	537-0047 Telephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURII 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

FILED 09 SEP 24 AM 10: 47

	09/22/2009	ASSEE FLORIDA and assigned
Florida document numberL0900091674 This amendment is submitted to amend the following:		and assigned
Florida document numberL09000091674 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company her	·e:	
· ·	re:	
A. If amending name, enter the new name of the limited liability company her	·e:	
	<u> </u>	
The new name must be distinguishable and end with the words "Limited Liability Compa"L.L.C."	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		-
(Muiling address MAV DE A DOST OFFICE DOV)		
B. If amending the registered agent and/or registered office address on o	our records, enter	the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	ter Florida street ad	dross
Li		
City	, Florida	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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title **Name** Address MGRM Barry Hauser 5097 Sand Hill Drive □ Add Colorado Springs, CO 80923 √ Remove Sofia Hauser MGRM 5097 Sand Hill Drive ☐ Add √ Remove Colorado Springs, CO 80923 MGRM John W. Passafume 4339 Wildstar Circle Wesley Chapel, FL 33544 Remove John W. Passafume MGR 4339 Wildstar Circle **✓** Add Wesley Chapel, FL 33544 VP Barry Hauser ✓Add 5097 Sand Hill Drive Colorado Springs, CO 80923 Remove S Sofia Hauser 5097 Sand Hill Drive ✓Add Colorado Springs, CO 80923. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary., September 22 2009 Dated Signature of a member or authorized representative of a member Michael J. Palermo, Esq. Typed or printed name of signee

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