L09000092352

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O9 OCT 15 AM IO: 20
SECRETARY OF STATE
AHASSEE, FLORID



October 14, 2009

Secretary of State
Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Document No. L09000092352

To whom it may concern:

Enclosed please find original Articles of Amendment to Articles of Organization along with our check in the amount of \$25.00 to cover the filing fees in connection to the above referenced document number.

Should you have any questions or need additional information, please feel free to contact the undersigned.

Sincerely yours

Laura Montejo

Encls.

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJI	ECT:	A1A Restau	urant Staffing, LLC		•
					
		Amendment and fee(s) are sub			
	· · · · · · · · · · · · · · · · · · ·		Jorge Gaviria, Esq.		
			Name of Person		
			Jorge Gaviria, P.A.		
			Firm/Company		
9769 \$			S. Dixie Highway,Suite	101	
			Address		
			Miami, Fl 33156	·	_
			City/State and Zip Code		
			orge@jgmiamilaw.com to be used for future annual repor	t notification)	_
For fur	rther information co	oncerning this matter, please of	call:		
	Laı	ura Montejo	at (305)	666-8844	
	Name of	Person		Paytime Telephone Num	ber
Enclos	sed is a check for th	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certif closed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
-		NG ADDRESS:	STREET/CO Registration	OURIER ADDRESS 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 0CT 15 AM 10: 20

A1A Restaurant Staffing, 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 Lia	ibility Company were filed onS	eptember 24, 2009 and assigned		
Florida document number L09000092	352			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
A1A	Restaurant Services, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	TADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u></u>			
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			
			Add Remove
		 	
 			Add
			Kemove
			Add
		<u> </u>	Remove
			Add
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if neces	sary.)
_			99
			OCT I
			<u></u> 82₹ 57 [
			
Dated	October 6, 2009	 .	AM ID: 20 OF STATE E. FLORID.
	E	Dyf	A
	/ 1 /	member of authorized representative of a member	
	<u> 2900101</u>	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00