

LO9 000094007

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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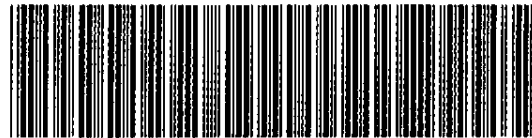
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 21 2011

EXAMINER

EDWARD B. COHEN
DAVID C. KOTLER
MICHAEL I. KOTLER •
ALLAN H. SCHWARTZ
RONALD M. ZAKARIN ••

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JAMIE E. MORRIS ••••

PAULA GOLD (RETIRED)

ESTABLISHED 1984

October 17, 2011

Sent Via Certified Mail - 7009 2820 0001 0781 8232 -

Return Receipt Requested

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Puccini's Pizzeria and Restaurant Sunrise, LLC

Dear Sir/Mam:

Enclosed please find our law firm's check in the amount of Twenty Five Dollars (\$25.00) for the filing of the enclosed Articles of Amendment to the Articles of Organization of the above referenced limited liability company. Please file the Articles of Amendment to the Articles of Organization and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,



Michael I. Kotler

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TALLAHASSEE, FLORIDA

Encl.
MIK/jk



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Puccini's Pizzeria and Restaurant Sunrise, 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 Liability Company were filed on 09/29/09 and assigned
Florida document number L09000094007.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Puccini's Pizzeria Sunrise, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on 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:

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 17, 2011



 Signature of a member or authorized representative of a member
Malory Clifford as Managing Member of Blackfriars Management US, LLC

 Typed or printed name of signee