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COVER LETTER

TO:	Registration S Division of Co			
SUBJECT: GYA HOSI			SPITALITY "LLC"	
301301			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sui	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		F	EIVISION OF CORPERATIONS 11 SEP 16 PM 2: 49	
	Name of Person		1 SEP 16	
COCO		COCOL	OCO CANTINA USA "INC"	5
Firm/Co		Firm/Company	P 2	
1			1317 KNOLLWOOD	2: 49
Address		6.1		
	TAMPA FL. 3 2 604			
			City/State and Zip Code	
		RMI	MACK75@GMAIL.COM to be used for future annual report notificate	on)
For fur	ther information	concerning this matter, please of	•	· · ·
	RICH	ARD MACKISER	at (_813)59	7 -5248
	Name	of Person	Area Code & Daytime Te	lephone Number
Enclos	ed 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GYA HOSPIT	ALITY "LLC"	3
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	2:49
The Articles of Organization for this Limited Liability Company Florida document numberL0900098701	were filed on10/13/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1317 KNOLLWOOD	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL. 32604	
		-
Enter new mailing address, if applicable:	1317 KNOLLWOOD	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL. 32604	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e :	
	Enter Florida street ad	dress
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 <u>Name</u> **Address** YONG S. HOU **MGRM** 1216 THUNDER TRAIL √ Add Remove MAITLAND FLORIDA 32751 COCOLOCO CANTINA US MGR 1317 KNOLLWOOD ✓ Add TAMPA FLORIDA 32604 Remove MGR **ETHEL MACALUA** 524 LAKEFRONT BLVD ✓ Add WINTER PARK FLORIDA 32789 ☐ Remove RASHAZZ-BELLARDINI "L MGR 4431 SANDHURST DR ■Add ✓ Remove ORLANDO FLORIDA 32817 MGR FOOD-EXIT "LLC" ∏Add 831 BRIARGROVE AVE. DAVENPORT FLORIDA 33837 **✓** Remove **MGRM** COCOLOCO CANTINA US ∏Add <u>1317 KNOLLWOOD</u> TAMPA ELORIDA 32604 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 15** 2011 Dated

Page 2 of 2

Filing Fee: \$25.00

Signature of a member of authorized representative of a member
YONG S. HOU
Typed or printed name of signee