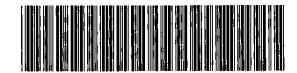
## L10000016192

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
| Address                                 |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Only/State/Zip/r Holle #)              |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
|                                         |
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Office Use Only



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04/20/10--01003-TALLEAHASSES, FLORID

B. KOHR

APR 2 0 2010

**EXAMINER** 

TO APR 19 AH 8: OL

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOS ANDARIEGOS SPORT BAR, LLC 10 NOR 19 M 8: ON

|                       | Art of Inc. File               |
|-----------------------|--------------------------------|
|                       | LTD Partnership File           |
|                       | Foreign Corp. File             |
|                       | L.C. File                      |
|                       | Fictitious Name File           |
|                       | Trade/Service Mark             |
|                       | Merger File                    |
|                       | Art. of Amend. File            |
|                       | RA Resignation                 |
|                       | Dissolution / Withdrawal       |
|                       | Annual Report / Reinstatement  |
|                       | Сегі. Сору                     |
|                       | Photo Copy                     |
|                       | Certificate of Good Standing   |
|                       | Certificate of Status          |
|                       | Certificate of Fictitious Name |
|                       | Corp Record Search             |
|                       | Officer Search                 |
|                       | Fictitious Search              |
| Signature             | Fictitious Owner Search        |
| Signature             | Vehicle Search                 |
|                       | Driving Record                 |
| Requested Ing. \      | UCC 1 or 3 File                |
| - 199 A               | UCC 11 Search                  |
| Name Date Time        | UCC 11 Retrieval               |
| Walk In Will Dick IIn |                                |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOS AN                                                    | DARIEGOS SPORT BAF                                                       | R, LLC                  |                          |
|-----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------|--------------------------|
| (Name of the Limited                                      | Liability Company as it now appear<br>Florida Limited Liability Company) | rs on our records.)     | <u></u><br>المار المراقب |
| (A                                                        | Tionaa Eminea Etabinty Company)                                          |                         | <b>る</b>                 |
| The Articles of Organization for this Limited Li          | ability Company were filed on                                            | 02/11/10                | and assigned             |
| Florida document numberL10000016                          | i192 <sub>.</sub>                                                        |                         | 6 9                      |
|                                                           | <del></del>                                                              |                         | <b>7</b>                 |
| This amendment is submitted to amend the following        | owing:                                                                   |                         | - 4 4 6.0<br>19 14 8:0   |
| A. If amending name, enter the new name of                | the limited liability company her                                        | re:                     | 8                        |
| •                                                         |                                                                          |                         |                          |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Liability Compa                                     | any," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applications      | able:                                                                    |                         |                          |
| (Principal office address MUST BE A STREE                 | T ADDRESS)                                                               |                         |                          |
|                                                           | <u> </u>                                                                 |                         |                          |
|                                                           |                                                                          |                         |                          |
| Enter new mailing address, if applicable:                 |                                                                          |                         |                          |
| (Mailing address MAY BE A POST OFFICE                     | BOX)                                                                     |                         |                          |
|                                                           | <del>.</del>                                                             |                         |                          |
|                                                           |                                                                          |                         |                          |
| B. If amending the registered agent and/o                 |                                                                          | our records, enter      | the name of the new      |
| registered agent and/or the new registered of             | fice address here:                                                       |                         |                          |
|                                                           |                                                                          |                         |                          |
| Name of New Registered Agent:                             |                                                                          |                         | <u> </u>                 |
| New Registered Office Address:                            |                                                                          |                         |                          |
| <del></del>                                               | En                                                                       | iter Florida street add | tress                    |
|                                                           |                                                                          | , Florida               |                          |
|                                                           | City                                                                     |                         | 7in Coda                 |

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>                                             | Type of Action |
|--------------|---------------------------------------|------------------------------------------------------------|----------------|
| MGRM         | LUIS G. SALMERO                       | N 1745 QUAIL RIDGE LOOP<br>KISSIMMEE, EL 34744             | Add  Remove    |
|              |                                       |                                                            | Add Remove     |
|              |                                       |                                                            | Add<br>Remove  |
|              |                                       |                                                            | Add Remove     |
|              |                                       |                                                            | ☐ Add ☐ Remove |
|              |                                       |                                                            | Add<br>Remove  |
| D. If amend  | ling any other information,           | enter change(s) here: (Attach additional sheets, if necess | ary.)          |
|              |                                       |                                                            |                |
| <br>Dated    | APRIL 16                              |                                                            |                |
|              | Signature                             | e of a member or authorized representative of a member     |                |
|              | - /                                   | PRESIDENT                                                  |                |
|              | · · · · · · · · · · · · · · · · · · · | Typed or printed name of signee                            |                |

Page 2 of 2

Filing Fee: \$25.00