

L10000016233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON  
AUG 10 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Heavy Burger, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Wein

Name of Person

Firm/Company

2000 Island Blvd. Suite 3003

Address

Aventura FL 33160

City/State and Zip Code

stacywein@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Wein

Name of Person

at ( 305 )

926-2218

Area Code & Daytime Telephone Number

Enclosed 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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Heavy Burger, 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 February 11, 2010 at assess

Florida document number L10000016233

This amendment is submitted to amend the following:

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

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)**

19004 NE 29th Ave.

Aventura, FL 33180

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

19004 NE 29th Ave.

Aventura, FL 33180

**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**

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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

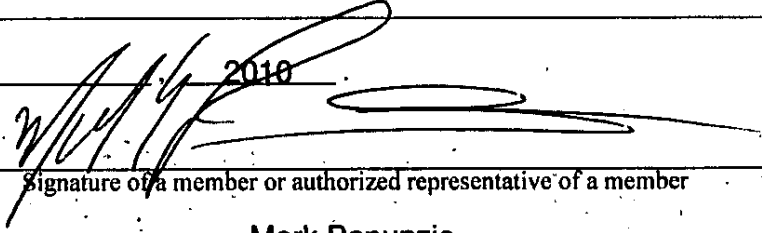
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Mark Panunzio	4003 NE 167th Street North Miami Beach FL 33160	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Chad Steinberg	102 SW 6th Ave, #609 Miami FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Liborio Masciulli <del>SAW</del>	174 Alabama Ave. Patterson NJ 07503	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marc Masciulli <i>Sc</i>	21375 Marina Cove Circle Apt A14 Aventura FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 4, 2010

  
Signature of a member or authorized representative of a member

Mark Panunzio

Typed or printed name of signee

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