

L10000023204

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
FEB 27 2012  
EXAMINER

# Stephen MacIsaac, P.A.

*Attorney and Counselor at Law*

Stephen MacIsaac

February 16, 2012

VIA U.S. Mail

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

Re: ARTICLES OF AMENDMENT -- CEVICHE TAPAS TAMPA, LLC

Dear Sir or Madam:

Please find enclosed ARTICLES OF AMENDMENT with respect to Ceviche Tapas Tampa, LLC. The ARTICLES OF AMENDMENT change the name of the LLC to "IL TEMPO TAMPA, LLC" and substitute Stephen MacIsaac for Joseph Orsino as the registered agent. I enclose a check in the amount of \$55.00 to cover the basic filing fee as well as a certified copy.

Please send any correspondence to the following address:

Stephen MacIsaac, P.A.  
Ceviche Tapas Tampa, LLC  
Attn: Stephen MacIsaac  
2525 Park City Way  
Tampa, FL 33609

If you have any questions, or require anything further in connection with this filing, please do not hesitate to contact me at 813/877-8125. I thank you in advance for your assistance.

Best regards,



Stephen MacIsaac

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CEVICHE TAPAS TAMPA, 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:

**STEPHEN MACISAAC**  
Name of Person

**STEPHEN MACISAAC, P.A.**  
Firm/Company

**2525 PARK CITY WAY**  
Address

**TAMPA, FL 33609**  
City/State and Zip Code

**Arnold@ceviche.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Steve MacIsaac** at ( **813** ) **877-8125**  
Name of Person 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**

**FILED**

CEVICHE TAPAS TAMPA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2012 FEB 24 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 1, 2012 and assigned  
Florida document number L10000023204.

This amendment is submitted to amend the following:

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

IL TEMPO TAMPA, 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)**

2504 W. AZEELE STREET

TAMPA, FLORIDA 33609

**Enter new mailing address, if applicable:**

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

2504 W. AZEELE STREET

TAMPA, FLORIDA 33609

**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:

STEPHEN MACISAAC

New Registered Office Address:

STEPHEN MACISAAC, P.A. 2525 PARK CITY WAY

*Enter Florida street address*

TAMPA

*City*

Florida

33609

*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

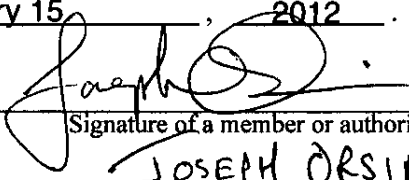
MGRM = Managing Member

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

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

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

Dated February 15, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JOSEPH ORSINO  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2012 FEB 24 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA