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Office Use Only



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06/07/10- 01014--011 **25.00

TO JUN -7 PM 1:53

J. BRYAN

JUN - 8 2010

EXAMINER

COVER LETTER

TO: 'Registration Division of C	Section Corporations			
SUBJECT:	F.C.S RE	STAURANT, LLC		
SOBSECT.		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
			10 JUN-7 PH 1:53	
	·	Name of Person		
	F.C	.S. RESTAURANT, LLC	2	
		Firm/Company		
	9127 KILGORE ROAD			
		Address		
	(ORLANDO, FL 32836		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notificat	ion)	
For further informatio	n concerning this matter, please	call:		
	SANCHEZ-SERRANO	at ()	6-7888	
Nam	e of Person	Area Code & Daytime T	elephone Number	
		•		
	r the following amount:	Filess on Divining in		
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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 Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.C.S RESTAURANT, 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 _____ MAY 11, 2010 and assigned L10000050458 Florida document number _ 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) 9127 KILGORE ROAD Enter new mailing address, if applicable: ORLANDO, FL 32836 (Mailing address MAY BE A POST OFFICE BOX) 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: RUBEN SANCHEZ-SERRANO Name of New Registered Agent: 9127 KILGORE ROAD New Registered Office Address: Enter Florida street address

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.

ORLANDO City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TERRY CHAN	3890 WOOD THRUSH DRIVE KISSIMMEE, FL 34744	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
			To John
 Dated	JUNE 2 / / 20	D10	TAPY OF S
	Signature of a membe	r or authorized representative of a member	1:53
		SANCHEZ-SERRANO Tor printed name of signee	

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Filing Fee: \$25.00