

L10006110205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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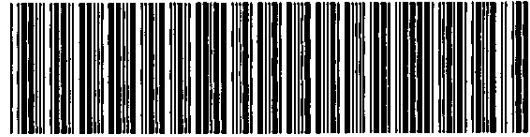
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FEB 13 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paraiso Tropical Pizzeria Restaurante y Heladeria, 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:

OSMANY MARTINEZ

Name of Person

Firm/Company

5370 WEST 16 AVE

Address

HIALEAH, FL 33012

City/State and Zip Code

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

For further information concerning this matter, please call:

OSMANY MARTINEZ

Name of Person

at (305)

720-9690

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**

Paraiso Tropical Pizzeria Restaurante y Heladeria, 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 10/21/2010 and assigned
Florida document number L10000110205

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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)

5370 WEST 16 AVENUE
HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5370 WEST 16 AVENUE
HIALEAH, FL 33012

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:

OSMANY MARTINEZ

New Registered Office Address:

5370 WEST 16 AVE

Enter Florida street address

HIALEAH

, Florida

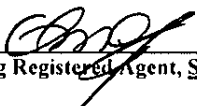
33012

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

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

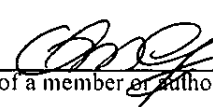
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MARTINEZ, OSMANY</u>	<u>5370 WEST 16 AVE</u> <u>HIALEAH, FL 33012</u>	☒ Add ☐ Remove
<u>MGR</u>	<u>Dr. Tropical Pizza Rest</u>	<u>41 TAMiami CANAL RD.</u> <u>MIAMI, FL 33144</u>	☒ Add ☐ Remove
<u>MGR</u>	<u>MARTINEZ, HERIBERTO</u>	<u>41 TAMiami CANAL RD.</u> <u>MIAMI, FL 33144</u>	☐ Add ☒ Remove
<u>MGR</u>	<u>MORALES, ALEXANDER</u>	<u>41 TAMiami CANAL RD.</u> <u>MIAMI, FL 33144</u>	☐ Add ☒ Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	☐ Add ☐ Remove

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

PLEASE DO NOT ALLOW ANY CHANGES WITHOUT THE AUTHORIZATION
FROM THE TWO PARTIES LISTED ABOVE. OSMANY MARTINEZ, MGR AND
DR. TROPICAL PIZZA RESTAURANT LLC, MGR.

Dated FEBRUARY, 9TH, 2012


Signature of a member or authorized representative of a member

OSMANY MARTINEZ

Typed or printed name of signee

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