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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUAN'S BLACK BEAN, 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:

STEVEN K. JONAS, ESQUIRE

Name of Person

Steven K. Jonas, P.A.

Firm/Company

4914 State Road 54

Address

New Port Richey, FL 34652

City/State and Zip Code

steven@skjonas.com

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

For further information concerning this matter, please call:

Steven K. Jonas, Esquire

Name of Person

at (727)

846-6953

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

JUAN'S BLACK BEAN, 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 November 9, 2010 and assigned Florida document number L10000117060.

This amendment is submitted to amend the following:

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

N/A

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)

5524 Tennessee Avenue

New Port Richey, FL 34652

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5524 Tennessee Avenue

New Port Richey, FL 34652

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TALLAHASSEE, FLORIDA

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:

SANDRA DESOSA

New Registered Office Address:

5524 Tennessee Avenue

Enter Florida street address

New Port Richey

City

, Florida

34652

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

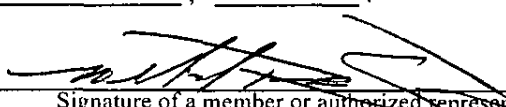
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SANDRA DESOSA	5524 Tennessee Avenue New Port Richey, FL 34652	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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.)*

Article VI. Management, is amended to read:

This will be a manager-managed company. The name and address of each manager is Michael DeSosa, 6336 Garvey Drive, New Port Richey, FL 34652 and Sandra DeSosa, 5524 Tennessee Avenue, New Port Richey, FL 34652

Dated March 15, 2011



Signature of a member or authorized representative of a member

Michael DeSosa

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA