L11000005213

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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12 JAN 31 PH 12: 28
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		•		
SUBJECT: Barbancourt Restaurant LLC				
SUBJECT:		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
	Ge	Gesny Hive/ Luc Charles Name of Person		
	Barbancourt Restaurant LLC Firm/Company			
		5143 Americana blvd Address		
	Orlando FL 32839			
	G E-mail address: (City/State and Zip Code pesnyh@hotmail.com to be used for future annual report no	tification)	
For further information	concerning this matter, please of		,	
GESNY HIVE Name of Person		at (321) Area Code & Dayt	2178999 ime Telephone Number	
Enclosed is a check for \$25.00 Filing Fee	the following amount: []\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclos	Certificate of Status & ed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE'D 12 Jan 31 PM 12: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BARBANCOURT RESTAURANT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 01/12/2011 ___ and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L11000005213 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) Enter new mailing address, if applicable: (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: Name of New Registered Agent: 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.

City

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 Type of Action **Title Address Name** MGRM Gesny Hive 9821 8th ave Orlando FL 32824 **✓** Add Remove Luc Charles MGRM 2024 CABO SAN LUCAS DR # 202 √ Add ORLANDO FL 32839 ☐ Remove MGRM MEZIER VELLAS 5143 AMERICANA BLVD ✓ Add Remove JEAN MARIE MEDOUARD Add **Remove** ELISMA DUTAIR Remove MGRN JOSEPH LEON 5143 AMERICANA BLVD ✓Add ORI ANDO FL 32839 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JANUARY 25 . 2012 Dated_ Signature of a member or authorized representative of a member **GESNY HIVE** Typed or printed name of signee

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Filing Fee: \$25.00