L11000010624

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: AC		JRANT OF NEW TAMPA	A LLC		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
		GEORGE FERZLI			
		Name of Person			
	ATP OF BAY AREA, INC.		74 23		
	Firm/Company		Lic. A	dawi -	
	5404 HOOVER BLVD UNIT 2		2011 AUG 12 SECRETARY ALLAHASSI		
	Address		ISSE		
				2 RM 2 17 CY OF STATE SEE, FLORIDA	آبا معدور
	TAMPA FL 33634 City/State and Zip Code			0RA	ميز\$
	ı	FERZLI@AOL.COM		7 T	
	E-mail address: (to be used for future annual report notific	cation)		
For further information	concerning this matter, please o	call:			
	ORGE FERZLI		04 - 4868	. <u> </u>	
Name	of Person	Area Code & Daytime	Telephone Number	r	
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)	Certified	ite of Status &	sed)

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

ACROPOLIS RESTAURANT OF NEW TAMPA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 01/26/2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000010624 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 City

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> **Address** Type of Action **MGRM SOUBHI WAEZ** 14 TAT BRUCE B DOWNS BLVD ☐ Add TAMPA FL 33613 √ Remove HASSAN WAEZ MGRM 14 □ 4 □ BRUCE B DOWNS BLVD ✓ Add Remove TAMPA FL 33613 ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 10** Dated ___ 2011 Signature of a member or authorized representative of a member **GEORGE FERZLI**

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee