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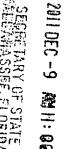
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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T. CLINE

DEC 12 2011

EXAMINER

COVER LETTER

TO:	Registration Sect 'Division of Corpo			•		
SUBJE	CT:	SENSES B	RASSERIE, LLC	•		
		mendment and fee(s) are sub				
i icase i	cturr un correspond	tence concerning and matter	to the following.			
			ALVARO CASTILLO	<u>.</u>		
	#**		Name of Person			
~			ARO CASTILLO B.P.A.			
			Firm/Company			
1390 BRICKELL AVENUE SUITE 200			200			
			Address		274	
	MIAMI FLORIDA 33131					
	City/State and Zip Code				DEC.	و دیا د
		E-mail address: (t	alcapa@aol.com o be used for future annual report r	notification)	-9 SEE	14 T T
For fur	ther information cor	ncerning this matter, please c	all:		FIG. H	
		O CASTILLO	at (_305)	3715540	₽ ₽	
	Name of I	Person	Area Code & Day	ytime Telephone Numbe	r	
Enclose	ed 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 enclo	osed) Certified	ate of Status &	
		IG ADDRESS:	STREET/COU Registration Se	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEI (Name of the Limited) (A	NSES BRAS	SSERIE, LLC	rs on our records.)		
The Articles of Organization for this Limited Lia Florida document number	ability Company			and assig	gned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	_	lity company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."				"LLC" or the ab	breviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1390 BRICKE SUITE 200 MIAMI FLOR		DEC -9	milet the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1390 BRICKE SUITE 200		POF STATE EF. FLORIDA	
	MIAMI FLORIDA 33131				
B. If amending the registered agent and/or registered agent and/or the new registered offi			ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	ALVARO CA	STILLO B.P.A	·		
New Registered Office Address:	1390 BRICK	KELL AVENUE, SUITE 200			
		Ent	er Florida street ad	ldress	
		MIAM	, Florida	33131	
		City		Zip Code	
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered the provisions of all statutes relative to the processor of the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of the province the recompany has been notified in writing of the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing the province the recompany has been notified in writing	agent and agre oper and compl ered agent as p egistered office of hange.	ete performance d rovided for in Ch address, I hereby	of my duties, and I apter 608, F.S. Or	am familiar w , if this docum mited liability	ith and ent is

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>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PATRICK M GRUEST	701 BRICKELL KEY BLD #2011 MIAMI FLORIDA 33131	Add Remove
<u>MGRM</u>	FABIEN MICARD	8001 SW 62 PLACE S MIAMI FLORIDA 33143	Add Remove
MGRM	ROBERTO RUSSEK	1390 BRICKELL AVENUE SUITE 200 MIAMI FLORIDA 33131	Add Remove
D. If amendin	ng any other information, enter change		
 Dated			

Page 2 of 2

Filing Fee: \$25.00