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> K.SALY EXAMINER OCT 31 2012

## **COVER LETTER**

TO:	Registrati Division o							
SUBJECT: RESTAURANT CASABALLE LLC								
Name of Limited Liability Company								
The en	closed Artic	les of Am	endment and fee(s) are sub	omitted for filing	<del>.</del>			
Please	return all co	rresponde	ence concerning this matter	to the following	g:			
				EDUARDO				
				Name of F	'erson			
SE				RBER & ASSOCIATES, P.A.				_
				Firm/Con	ipany			
2875 N			IE 191 STREET, SUITE 801					
Address							•	
			AVE	NTURA. FLO	ORIDA 3318	0		
AVENTURA, FLORIDA 33180  City/State and Zip Code								•
E-mail address: (to be used for future annual report notification)								
For fu	rther informa	ation cond	E-mail address: ( cerning this matter, please o		ure nanuai report n	iomicano	in)	
10.14			B					
EDUARDO RUANO Name of Person			at (3	O5 ) Area Code & Day		2-6262	PT	
		Amile OI 1	,		Anda Code & Day	,	ojalono i inino	<b></b>
Enclo	sed is a checl	k for the f	following amount:					
<b></b>	5.00 Filing F	ee [	\$30.00 Filing Fee & Certificate of Status		iling Fee & d Copy onal copy is enclo	osed)	Certific	iling Fee, ate of Status & ed Copy anal copy is enclosed)
·	; [	Registrati Division ( P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, Fl	ection rporation ng e Center	ns	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## RESTAURANT CASABALLE 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 Lia	bility Company were filed on	4/8/2011	and assigned			
Florida document numberL11000042	248					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	(ADDRESS)					
	<u></u>					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I						
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter t</u>	the name of the new			
Name of New Registered Agent:	Lorena Feldman, Esq.					
New Registered Office Address:	2875 NE 191 Street, Suite 801  Enter Florida street address					
	Aventura	Florida	33180			
	City		Zip Code			
Nam Dagietarad Agant's Signatura if changing D	amistared 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>Address</u> Type of Action <u>Title</u> <u>Name</u> Diego Casaballe MGR 11990 NE 7th Avenue ☐ Add ✓ Remove Miami FL 33161 Daniel Roque Salmeri MGR 20475 Biscavne Blvd., Room #G-7/8 **√** Add ☐ Remove Aventura FL 33180 ☐ Add Remove Add Remove ∐Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 25 Dated \_\_\_ Signature of a member of authorized representative of a member Diego Casaballe Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00