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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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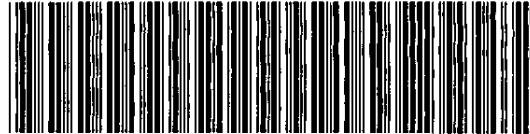
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL 18 P 1:01

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S Warren

JUL 19 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Star Cafe Market 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:

James E. Rauh, Esq.

\_\_\_\_\_  
Name of Person

Greenspoon Marder, P.A.

\_\_\_\_\_  
Firm/Company

1601 Washington Avenue, Suite 300

\_\_\_\_\_  
Address

Miami Beach, Florida 33139

\_\_\_\_\_  
City/State and Zip Code

KGonzalez@meninhospitality.com

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

For further information concerning this matter, please call:

James E. Rauh, Esq.

305 789-2732  
at ( )

\_\_\_\_\_  
Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Star Cafe Market 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 June 30, 2011 and assigned  
Florida document number L11000076078.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

3050 Biscayne Boulevard, PH1

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33137

**Enter new mailing address, if applicable:**

3050 Biscayne Boulevard, PH1

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Florida 33137

**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:**

Greenspoon Marder, P.A. / Louis J. Terminello

**New Registered Office Address:**

600 Brickell Avenue, Suite #3600  
Enter Florida street address

Miami, Florida 33131  
City 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 605, 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**

**FILED**  
JUN 30 2011  
CLERK OF STATE  
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth A. Lyon	1600-A Alton Road	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jared Galbut	3050 Biscayne Boulevard, PH11	<input checked="" type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keith Menin	3050 Biscayne Boulevard, PH1	<input checked="" type="checkbox"/> Add
		Miami, Florida 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JAN 18 2011  
CLERK OF STATE  
TREASURY OF FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 7, 2014.

*Jamie Bell*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JARED GALBUT

Typed or printed name of signee

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JUN 18 P 1:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA