Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000212844 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

fax Number : (850) 617-6393

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DONNA'S CARIBBEAN RESTAURANT IN THE PINES, LLC

Electronic Filing Menu

Certificate of Status	0
Certifled Copy	0
Page Count	03
Estimated Charge	\$25.00

Corporate Filing Menu

Help

8/26/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/03

EMPIRE CORP KIT

ARTICLES OF AMENDMENT DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION 11 AUG 26 AM 7: 92 **OF**

DONNA'S CARIBBEAN RESTAURANT IN THE PINES, 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 I		were filed on	08-25-2011	and assigned
Florida document numberL1100009				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	lity company her	<u>ė</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		9017 PINES BLVD		
(Principal office uddress MUST BE A STREET ADDRESS)		PEMBROKE PINES, FL 33024		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	or registered offi		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	4601 NW 41	ST STREET		
Attaching of the Andrews	Enter Florida street address			
	LAUDE	RDALE LAKES	Florida	33319
		City	, 2 (01 (00	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 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

Page 1 of 2

H11000212844

H11000212844

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 = M MGRM =	1enager ∙ Managing Member		
Title	Name	Address	Type of Action
			Add
		4	
			Add Remove
	4		Add
			Add Remove
			Add Remove
			Add
D. Ifamer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary	
_		, , , , , , , , , , , , , , , , , , ,	SEIVIG
			SECRETARY VISION OF C 11 AUG 26
 Dated			OF STATE OR STATE OF
Jaku		Jak	SNO
		or authorized representative of member	
	Typed o	ARL GORDON or printed name of signee	
	-	Page 2 of 2	

Filing Fee: \$25.00

H11000212844