L11000100141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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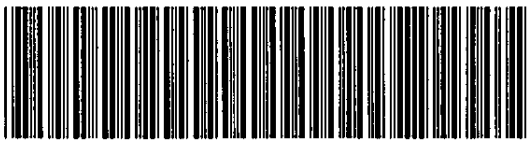

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Simmons JAN 21 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMKS Dining Group LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Kontos
(Contact Person)

Beach Pizza
(Firm/Company)

3009 E Las Olas Blvd
(Address)

Ft lauderdale, Fl 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Lyons at (305) 992-7173
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ $25 Filing Fee ❑ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SMKS Dining Group 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 08/31/2011 and assigned Florida document number L11000100141.

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: Louisa Solari

New Registered Office Address: 3009 E las Olas Blvd
Enter Florida street address

Ft Lauderdale, **Florida** 33316
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 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.

X _____
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

Title	Name	Address	Type of Action
MGRM	Elio Solari	1504 NE 128th St N Miami, Fl 33161	☐ Add ☑ Remove
MGRM	Louisa Solari	11144 NE 8th Court Biscayne Park, Fl 33161	☑ Add ☐ Remove
			☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12/6/13

Signature of a member or authorized representative of a member

John Kontos

Typed or printed name of signee

Filing Fee: $25.00