

(Danuarta da Nassa)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only

G. MCLEOD

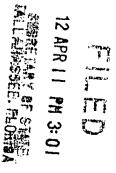
APR 12 2012

EXAMINER



200227482952

04/11/12=-01020--014 **30.00



COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	PERUVIAN (CUISINE MIAMI LLC		
SCHOL			ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are suit	bmitted for filing.	· ·	
Please re	eturn all correspo	ondence concerning this matter	r to the following:		
Elizabeth Amaran, Esq. Name of Person			<i>,</i> 		
Amaran Law Group, P.A.					
Firm/Company 2999 NE 191 Street, Suite 807				7	
Address					
			Aventura, FL 33180 City/State and Zip Code		
		E-mail address: (maranlaw@gmail.com to be used for future annual report no	ntification)	
For furth	er information of	concerning this matter, please of	•		
		abeth Amaran	at (_305)	931-3500	
•	Name o	of Person	Area Code & Day	ime Telephone Number	
Enclosed	l is a check for the	he following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERUVIAI	<u>N CUISINE MIAMI I</u>	LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	12/13/2011	and assigned
Florida document number L11000139960	·		
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			4
(Principal office address MUST BE A STREET ADD	RESS)	977 - Mar 1 - 100	さる
			
		er Sa	
Enter new mailing address, if applicable:			60 -
(Mailing address MAY BE A POST OFFICE BOX)	· 100 - 100	<u>a</u>	ω [*****]
		<u></u>	
		15.	11
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter tl</u>	e name of the new
	<u>dress liere</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street addr	ess
		, Florida	·
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Negociaciones Santa Cruz	Ca. El Grifo 111-Urb. CampoVerde La Molina, Lima, Peru	Add Remove
			Add Remove
·			Add Remove
	•		Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	<u>-</u>
			_ _
			-
Dated	April 3rd, 2012	hard a second	
		Epifanio Mendoza ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00