

L 12000010356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

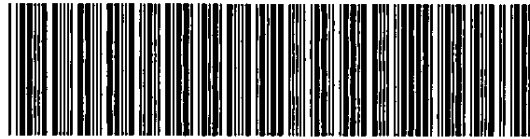
(Business Entity Name)

(Document Number)

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FILED
13 JUN 10 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 12 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIRASOL BANQUET HALL, 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:

JULIO E. CASO, ESQ.
Name of Person

Firm/Company

4539 Ponce de Leon Blvd.
Address

Coral Gables, FL 33146
City/State and Zip Code

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

For further information concerning this matter, please call:

Julio Caso at (**305 666-9300**)
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED
13 JUN 10 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GIRASOL BANQUET HALL, LLC., a Florida limited liability company
(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 01/23/2012 and assigned *
Florida document number L12000010356.

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: 17 N.E. 1st Road
(Principal office address MUST BE A STREET ADDRESS) Rear (Unit B)
Homestead, Florida 33030

Enter new mailing address, if applicable: 10395 S.W. 132 Street
(Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33176

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: CLAUDIA HERNANDEZ
New Registered Office Address: 10395 S.W. 132 Street
Enter Florida street address
Miami, Florida 33176
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, 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE E. HERNANDEZ	815 N. Homestead Blvd. Homestead, FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CLAUDIA HERNANDEZ	10395 S.W. 132 Street Miami, FL 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CARLOS HERNANDEZ	10395 S.W. 132 Street Miami, FL 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 31 , 2013


Signature of a member or authorized representative of a member
CLAUDIA HERNANDEZ

Typed or printed name of signee

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Filing Fee: \$25.00