

L12000010734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
12 MAR 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Quinn MAR 22 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Macchialina Restaurant, 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:

Airam Garcia

Name of Person

Firm/Company

1410 20th Street

Address

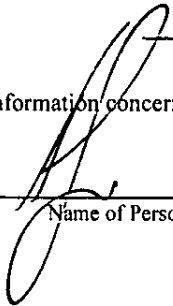
Miami Beach, FL 33139

City/State and Zip Code

Airam@pubbelly.com

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

For further information concerning this matter, please call:


Name of Person

at (305) 467.0191
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**

Macchialina Restaurant, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 01/23/2012 and assigned
Florida document number L12000010734.

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:

New Registered Office Address:

Enter Florida street address

_____, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

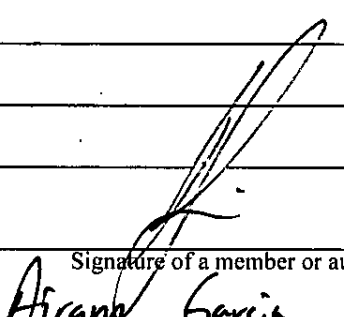
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Paul Pirolo	1410 20th Street Suite 219 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jennifer Chaefsky	1410 20th Street Suite 219 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SM&N Hospitality Group	1410 20th Street Suite 219 Miami Beach, FL 33139	<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

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

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TALLAHASSEE, FLORIDA

Dated _____

Signature of a member or authorized representative of a member

 Airana Garcia, Controller
 Typed or printed name of signee