

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.  
Account Number : I20110000056  
Phone : (305) 823-9292  
Fax Number : (305) 824-0703

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

Email Address: ATCGI@Yahoo.Com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
CAFE CAFE GRILL LLC**

Certificate of Status	0
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<https://efile.sunbiz.org/scripts/efilcovr.exe>

4/13/2012

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CAFE CAFE GRILL 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 01/30/2012 and assigned  
Florida document number L12000013636

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:

ABDEL M SAMARA

New Registered Office Address:

1374 NW 34TH ST

Enter Florida street address

MIAMI

Florida

33142

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	SAMARA, ABDEL M	1374 NW 34TH ST MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ZOHAR, EITAN	3694 WEST 12TH AVE HIALEAH FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORTAL, YARON	3694 WEST 12TH AVE HIALEAH FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AIGES, SAMUEL	3694 WEST 12TH AVE HIALEAH FL 33012	<input type="checkbox"/> Add <input checked="" 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 APRIL 11, 2012

  
Signature of a member or authorized representative of a member

ABDEL M SAMARA  
Typed or printed name of signee

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Filing Fee: \$25.00