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AUG 2 1 2012) T. HAMPTON

COVER LETTER

Division of Co						
SUBJECT:	Positano	o Trattoria, LLC				
		Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	S	Stephen James Binhak				
		Name of Person				
	The Law Office	The Law Office of Stephen James Binhak, PLLC				
Firm/Company						
2 South Biscayne Blvd., Suite 3570						
		Address				
	N	Miami, Florida 33131				
		City/State and Zip Code				
	bin	haks@binhaklaw.com	1			
	E-mail address: (to be used for future annual repo	ort notification)			
For further information	concerning this matter, please of	eall:				
Si	tephen Binhak	at (_305_)	361-5500			
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	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAI	LING ADDRESS:	STREET/C	COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION RETAIN OF SHAPE OF

12 AUG 20 PH 1:50

	12 RUG 20 111 1 30						
F	ositano Tra	ittoria IIC					
(Name of the Limited)	Liability Compar	y as it now appears on or iability Company)	ur records.)				
(A)	Florida Limited L	iability Company)					
The Auticles of Organization for this Limited Lie	hility Company	word filed on Mar	ch 6, 2012	and assigned			
Florida document numberL12000032	120						
				,			
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," th	e designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable:		Positano Trattoria, LLC					
(Principal office address MUST BE A STREET	(ADDRESS)	848 Brickell Ave., PH 4					
The state of the s		Miami, Florida 33131					
		.					
Enter new mailing address, if applicable:		Positano Trattoria, LLC					
(Mailing address MAY BE A POST OFFICE BOX)		848 Brickell Ave., PH 4					
		Miami, Florida 33131					
B. If amending the registered agent and/o			cords, <u>enter t</u>	he name of the new			
registered agent and/or the new registered off	ice <u>address</u> her	<u>e</u> :					
Name of New Registered Agent:	SJB Corporate Services, LLC						
New Registered Office Address: 2 South Biscayne Blvd., Suite 3570							
		Enter Florida street address					
		Miami	, Florida	33131			
		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 Title Name Address Type of Action GM 77 Investments, LLC **MGRM** GM 77 Investments, LLC ✓ Add 848 Brickell Ave., PH 4 ☐ Remove Miami, Florida 33131 Karen Rojas MGR ✓ Add Karen Rojas 848 Brickell Ave., PH 4 Remove Miami, Florida 33131 ☐ Add Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00