7/27/2016

Florida Department of Stalle
Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000180269 3)))



H160001802693ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address:

1. The 1.

JUL 27 AM 11: 1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CYBER PIZZA,LATIN GRILL,ITALIAN CUSINE & CAFE, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

JUL 2 8 2016

## S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CYBER PIZZA, LATIN GRILL, ITALIA   |   |  |
|--|---|--|
| (Name of the Limited Lia<br>(A Flo   | ibility Company at it now appears on our re-<br>orda Limited Liability Company) | cords.)  |
| The Articles of Organization for this Limited Liabilit Florida document number L12000034228  | cy Company were filed on 03/09/2012   | and assigned   |
| This amendment is submitted to amend the following   | ğ.  |  |
| A. If amending name, enter the new name of the   | limited liability company here:   |  |
| N/A  |   |  |
| The new name must be distinguishable and contain the words "   | Limited Liability Company," the designation "                                   | LLC" or the abbreviation "L.L.C."                                |
| Enter new principal offices address, if applicable:  |   | SE   |
| (Principal office address MUST BE A STREET AD  |   | <b>S</b> 58  |
| Tructum office danted worth the A office A Are   |   | 107-   |
|  |   | 77 87  |
|  |   | P EO   |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 2   |  |
|  |   |  |
| B. If amending the registered agent and/or re-<br>registered agent and/or the new registered office a  | egistered office address on our reco<br>address bere:                           | ords, enter the name of the new                                  |
| Name of New Registered Agent:  |   |  |
| Now Registered Office Address:   |   |  |
|  | Enter Florida strest an   | dress  |
|  |   | . Florida  |
| _  | City  | Zip Code   |
| New Registered Agent's Signature, if changing Regist   | ered Agent:   |  |
| I hereby accept the appointment as registered age<br>provisions of all statutes relative to the proper an<br>accept the obligations of my position as registered<br>being filed to merely reflect a change in the regist | d complete performance of my duties<br>d agent as provided for in Chapter 60    | , and I am familiar with and<br>35, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name            | Address                | Type of Action        |
|--------------|-----------------|------------------------|-----------------------|
| MGR          | CUNA, ALVARON   | 1200 SOUTH FEDERAL HWY |                       |
|              |                 | DANIA BEACH, FL 33004  | ≅ Remove              |
|              |                 |                        | Change                |
| MGR          | MARCELA V. HASS | 1200 SOUTH FEDERAL HWY |                       |
|              |                 | DANIA BEACH, FL 33004  | ☐ Romove              |
|              |                 |                        | SECRETAR<br>TALLAHASS |
|              |                 |                        | P RANGOVE STATE       |
|              |                 |                        |                       |
|              |                 |                        | ☐ Remove              |
|              |                 |                        | Charge                |
|              |                 |                        |                       |
| •            |                 |                        | Remove                |
|              |                 |                        | □ Change              |
|              |                 |                        |                       |
|              |                 |                        | Remove                |
|              |                 |                        | Change                |

| If amending any other informa  | tion, enter change(s) h  | ere: (Attach uddit  | ional sheets,                         | of necessary   |   | t        |
|--|--|---|---------------------------------------|----------------|---|----------|
| N/A  |  |   |                                       |                |   |          |
|  |  |   | ·                                     |                |   | ,        |
|  |  |   |                                       |                |   | ·:       |
|  |  | <del>in managara da da</del> |                                       | <u> </u>       | <del>, , , , , , , , , , , , , , , , , , , </del> | • : :    |
|  |  |   |                                       |                |   | ٠,       |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | · · · · · · · · · · · · · · · · · · ·                         | <del></del>                           | <del></del>    | <del>نېپنېنېد</del>                               | •        |
|  |  |   |                                       |                |   | ٠.       |
| tarian da la companya |  |   | · · · · · · · · · · · · · · · · · · · | <u></u>        |   | :        |
|  |  |   |                                       |                |   | ·        |
|  |  |   | . '                                   |                | * ,   | ٠.<br>ښم |
| er en 1965 en 1965 en 1965 en 1965.<br>Ben en 1965 en  |  |   |                                       |                | ਲੈ  | AL.      |
|  | <del>and the second </del> | <del></del>   |                                       |                | ===   |          |
|  | <del> </del>   | <del></del>   |                                       |                |   | SS       |
|  |  | <del></del>   | · <del></del>                         | <u> </u>       |   | 12       |
|  | · · · · · · · · · · · · · · · · · · ·  | <del></del>   |                                       |                | <u>حج</u>   |          |
|  |  | · · · · · · · · · · · · · · · · · · ·                         | <u> </u>                              |                |   |          |
|  |  |   |                                       |                |   |          |
|  |  |   | · · · · · · · · · · · · · · · · · · · |                |   | ,        |
|  | 1  | •   |                                       |                |   |          |
| Heative date. If other than the<br>In elective date is listed, he date mu  | date of filing:  | rink to when of filling or s                                  | maha than QO đá                       | (optional)     | Durant in 605                                     | กวกว     |
| Notes. If the date inserted in this bi<br>document's effective date on the D   | ock does not meet the app  | slicable statutory filis                                      | ug tednitenier                        | its, this date | rill not be liste                                 | d as     |
| and artifaction of the total of the total  | charmorp of pare 9 tocol   | · ·   | •                                     |                |   |          |
| ne record specifies a delayer  | l effective date, but  | not an effective  | time, at 12                           | :01 a.m. c     | n the earlie                                      | r of     |
| The 90th day after the rec   | ord is filed.  | <b>1</b>  |                                       |                |   | . ,,     |
| Dated Indy 24th  | 2016   |   |                                       |                |   |          |
| Jarea  |  | • 6   |                                       |                | 1, 4  |          |
|  |  | ~   |                                       |                |   | '        |
|  | Signature of a r   | unotized tobistionally  | e of a mignifier                      |                |   |          |
|  | LUIS P. CUNA   |   |                                       | •              |   |          |
| Market State of the State of th | Typed or pr  | ourge to senser below   | <del></del>                           | <del></del>    | شت ست   |          |

Page 3 of 3