L12000042376

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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BEZNUY Z6 AM 9: 33 SECRETARY OF STATE

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J. SAULSBERRY EXAMINER

NOV 27 2012

COVER LETTER

Division of Cor						
SUBJECT: LOF	T BAR +	BISTRO, UC				
	Name of Limit	ed Liability Company				
	Amendment and fee(s) are sub-	-				
	POLINA E	Name of Person				
		+ BISTRO, LLC	>			
	826 W HA	LANDALE BEAC	CH BL	U)	~	
	11111111111111	Address E, FL 33009 City/State and Zip Code		ECRE	977 NO	ור
	MACKNOALL	City/State and Zip Code		HASSEE	V 26	F
For further information of	E-mail address: (to	o be used for future annual report notificati	on)	OF STATE	28 17 NOV 26 AH 9: 33	I ED
		at (954) 455 - 30 Area Code & Daytime Te	03/	_	చ	
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stat		sed)

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

(Name of the Limited Lightlity	Company as it now appears on our records
(A Florida Li	imited Liability Company)
Florida document number <u>L 12 0000 423</u>	<u>3</u> .76
`	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (Organization for this Limited Liability Company were filed on
<u> </u>	the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) s Limited Liability Company were filed on
	ds "Limited Liability Company," the designation "LLC" or the abbreviati
"L.L.C."	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRI	
	AR S T
Enter new mailing address, if applicable:	SS SS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered affice addr.	ered office address on our records, enter the name of the no
registered agent and/or the new registered office address	ess nere.
Name of New Registered Agent:	
New Registered Office Address:	Entar Florida street address

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 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 Address Type of Action** Name SILVIA FIGUEROA 2640 N.E. 215th St MERM MIAMI, FL 33180 Remove Remove Remove Add Remove

ımer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
٨	lovember 20, 2012.
	,
	P Pomonou
	P. Romanau Signature of a member or authorized representative of a member
	POLINA ROMANOU
	Typed or printed name of signee
	D = = 2 = 62

Page 3 of 3

Filing Fee: \$25.00

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