## L12000047296

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phon	e #)
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SECRETURY OF STATE

APPROYEU AND FILED

D. BRUCE OCT 22 2012 EXAMINER

## COVER LETTER,

TO: Registration Se Division of Corp	ction porations		·	
SUBJECT:	E7'5 EA7	ENTERNALLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspon	ndence concerning this matter	r to the following:		
	Zeft	Name of Person	······································	
		Firm/Company		
	11077 Biscupie	Blud Suite 200		
	Migm; letsewtent ( E-mail address: (	City/State and Zip Code  Orocket mail. Con to be used for future annual report notification	SECRETARY OF ALLAHASSEE, F	AFFA FILL FILL FILL FILL FILL FILL FILL
For further information co	oncerning this matter, please of	call:	59 -	<del>.</del> :
Name of		at (786) 523- 47 Area Code & Daytime Tele	725 phone Number	)
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)

**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

Let's Eat E	itertai.	nment a	LLC		<del></del>		
(Name of the Limited Li (A F	ability Compa orida Limited	any as it now apr Liability Compan	<b>ears on our</b> ( y)	records.)			
The Articles of Organization for this Limited Liab	ility Compan	y were filed on _	Octobe	~ 17,292	2 and assign	ned	
Florida document number <u> </u>	6						
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited lia	bility company	<u>here</u> :				
The new name must be distinguishable and end with t "L.L.C."	he words "Lim	-	• •				
Enter new principal offices address, if applicable:		11077	Bisca	me Blu	d =		
(Principal office address MUST BE A STREET ADDRESS)		Suite	200		AL C	120	
		Mian	; FL	33/6/		<u> </u>	
		///	<i>'</i>	. h	SSEE	331	
Enter new mailing address, if applicable:		110/7	13150	<u> yne 31</u>	<i>Vol</i> ≘_	3 0	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Suite 200  Miam; Fi  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Miam; Fi		200	22111	<u> </u>	<del>=</del> -		
		1914m	1, FL	35/6/	<u> </u>	<u>&amp;</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered o <u>e address he</u>	ffice address o <u>re</u> :	n our recor	ds, enter the	name of	the new	
Name of New Registered Agent:							
New Registered Office Address:	11077	Biscayne	Blvd	Suite	200		
	11077 Biscoyne Blvs Enter Flo  Miami  City		Enter Florid	orida street address			
		<u>m , </u>		_, Florida <u>33/6/</u>			
	City			Zip Code			
New Registered Agent's Signature, if changing Reg	istered Agent	<u>:</u>					

If Changing Registered Agent, Signature of New 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 **Type of Action** Name Address 11077 Biscayne Blvd Add Snite 200 Migmi, FL 33161 Remove MORM Sidney Jean Remove Steven Francois Jelove Lundi 11077 Biscayne Blud Suite 200 Miami, FC 33/61 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00