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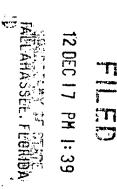
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B. BOSTICK
DEC **1 9** 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp						
subject: <u>Восо</u>		QUIANT GROUP, LLI	<u>C</u>			
	amendment and fee(s) are sub	•				
	Pan	agiota Lazarou-Amanna		_		
		Name of Person				
	(C/O Flashback Diner				
		Firm/Company		-		
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		20 South Federal Hwy Address	۴.	-		
			*	w Bu	بي	
	Halla	andale Beach, FL 33009	<u>}</u>	- 1457 - 1559	2 DEC	-
	_	City/State and Zip Code	<u>.</u>	2000 d	<u></u>	1.1
	Tou E-mail address: (1	la.Amanna@gmail.com to be used for future annual report notit	ication)	65 T	7	1
For further information co	neerning this matter, please e	all:	and the second	FLOR	PM 1: 3	ş
Panagiota	Lazarou-Amanna	at (954)	610-4570	D	39	
Name of	Person	Area Code & Daytim	e Telephone Numbe	er		
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status		sed)
	NG ADDRESS:	STREET/COUR 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 OF

Boca Raton Restaurant Grap, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

s of Organization for this Limited Liability Company were filed on _____ April 30, 2012 ____ and a

The Articles of Organization for this Limited Liabi	lity Company were filed on	April 30, 2012	and assigned
Florida document number <u>L1200005</u>	10 77		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicabl	e:	<u> </u>	-
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	電 お
		Art	
		100	
Enter new mailing address, if applicable:		i j	2 11
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Į s	1
			<u>ω</u>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		288
-	, Florida		
	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>	Type of Action
MGRM	Thomas Bertorelli	220 South Federal Highway Hallandale Beach, FL 33009	Add ✓ Remove
<u>MGRM</u>	Rochelle Matza	220 South Federal Highway Hallandale Beach, FL 33009	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	uing any other information, enter	change(s) here: (Attach additional sheets, if necessa	17 PH 1:40
		EA.	
Dated	December 3	<u>Juanne</u>	
	/ -	nember or authorized representative of a member anagiota Lazarou-Amanna	
	F	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00