

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

50159

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(((H120001344173)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

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12 MAY 18 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EL PUNTO LATIN FUSION, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY 18 PM 1:50

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H12000134417

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

EL PUNTO LATIN FUSION, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MAY 9, 2012 and assigned  
Florida document number L12000062075

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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H1200013447

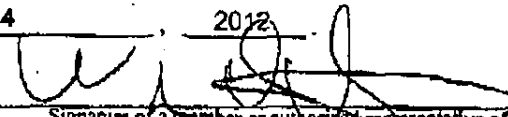
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title  | Name             | Address                                   | Type of Action   |
|--------|------------------|---|--|
| MGRM   | Wendy Quinones   | 7603 Sunflower Drive<br>Margate, FL 33063 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM   | Juliet Bertemati | 7603 Sunflower Drive<br>Margate, FL 33063 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| Member | Wendy Quinones   | 7603 Sunflower Drive<br>Margate, FL 33063 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| Member | Juliet Bertemati | 7603 Sunflower Drive<br>Margate, FL 33063 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|        |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|        |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 14 2012  
  
 Signature of a member or authorized representative of a member  
 Wendy Quinones  
 Typed or printed name of signer

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Filing Fee: \$25.00

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