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(((H120001337013)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Phone Fax Number

: (305)633-9696

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTO'S BUFFET, LLC

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EXAMINER

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5/17/2012

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EMPIRE CORP KIT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTO'	S BUFFET, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appearated Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL12000066274		05/16/2012 and assigned	
This amendment is submitted to amend the following:		re:	
A. If amending name, enter the new name of the limit	ed liability company be	ic:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on sss here:	our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		ter Florida street address	
	. 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

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H12000133701

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:

MGRM = N	lanaging Member		
Title	Name	Address	Type of Action
MGR	YUAN CHI YOU	2121 PONCE DE LEON BLVD. SUITE 100 CORAL GABLES, EL 33134	Add Remove
MGR	JIAN PING CHEN	2121 PONCE DE LEON BLVD. SUITE 100 CORAL GABLES, FL 33134	[7] Add Remove
MGR	XIU YUAN WU	2121 PONCE DE LEON BLVD SUITE 100 CORAL GABLES, FL 33134	✓ Add Remove
			Add Remove
			Add
			Add
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_

			-
Dated	5/17 2	<u>-12</u> .	
•	Signature of adnernity YUAN	per or authorized representative of a member CHI YOU ed or printed name of signer	

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MGR = Manager

Page 2 of 2 Filing Fee: \$25.00