120000	5096769
(Requestor's Name) (Address) (Address)	000242542780
(City/State/Zip/Phone #)	12/17/1201038026 **25.00
(Business Entity Name)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED
	PH 3: 31
Office Use Only	
	B. BOSTICK DEC 1 9 2012 EXAMINER

i.

TO: **Registration Section Division of Corporations** 1<u>8</u>201 SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Panagiota Lazarou-Amanna Name of Person C/O Flashback Diner Firm/Company 220 South Federal Hwy Address Hallandale Beach, FL 33009 City/State and Zip Code Toula.Amanna@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: မှာ ဆို Panagiota Lazarou-Amanna 954 610-4570 Area Code & Daytime Telephone Number Name of Person ယ Ŀ Enclosed is a check for the following amount: 5.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section Registration Section Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTIC	CLES OF AM	IENDMENT			
ARTICI	TO LES OF ORC OF	GANIZATION	N		
CLASS ACT RESTO (Name of the Limited Lize (A Flo	DUYAH M ability Company a prida Limited Liabi	it now appears on ity Company)	Group,		
The Articles of Organization for this Limited Liabi Florida document number <u>L4200096</u>	ility Company wer 709	e filed on	<u>14.96,3</u>	And assigned	
This amendment is submitted to amend the followi A. If amending name, <u>enter the new name of th</u>	-	company here:			
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited]	Liability Company,"	' the designation '	LLC" or the abbrevia	tion
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	<u>+ ADDRESS)</u>		بر با مرب ا		_
			S	12 FA	
Enter new mailing address, if applicable:			an i de caracterie	FIL DEC 17	_
(Mailing address MAY BE A POST OFFICE BO	<u>- X1</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	_
	_				_
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, <u>enter</u>	the name of the r	<u>1ew</u>
Name of New Registered Agent:					<u></u>
New Registered Office Address:					
		Enter	Florida street aa	dress	-
_			, Florida		_
	C	ity		Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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

Page 1 of 2

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

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	Thomas Bertorelli	220 South Federal Highway Hallandale Beach, FL 33009	Add Remove
MGRM	Rochelle Matza	220 South Federal Highway Hallandale Beach, FL 33009	Add Z Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove

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

 Dated	December 3 , 2012	TATEAHASSEE. FLORIDA	12 DEC 17 PM 3: 32	
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Filing Fee: \$25.00