L12000111296

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: 1800 RESTAURANT MANAGEMENT, LLC

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:

MICHELLE ACEBAL-CRESPO

Name of Person

TERMINELLO & TERMINELLO, P.A.

Firm/Company

2700 SW 37TH AVENUE

Address

MIAMI, FL 33133

City/State and Zip Code

derek@dereksanders.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Acebal-Crespo

305 444-5002

Name of Person

Area Code & Daytime Telephone Number

iber ⊈

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BY OF STATE

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

1800 RESTAURANT MANAGEMENT, 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 Liab	08/29/2012	and assigned			
Florida document number L12000111296	 ·				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liability company	here:			
SUERTE MANAGEMENT MB, LLC					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany." the designation "LLC"	or the abbreviation		
Enter new principal offices address, if applicat	ole: N/A	Σ	23		
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A	555EE. FILO	RY OF STA		
Mulling quaress MAT BE A FUST UFFICE BO	<u></u>		H 42		
B. If amending the registered agent and/or registered agent and/or the new registered office	0	on our records, enter the	name of the new		
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida street address			
		, Florida			
	City	2	Zip Code		

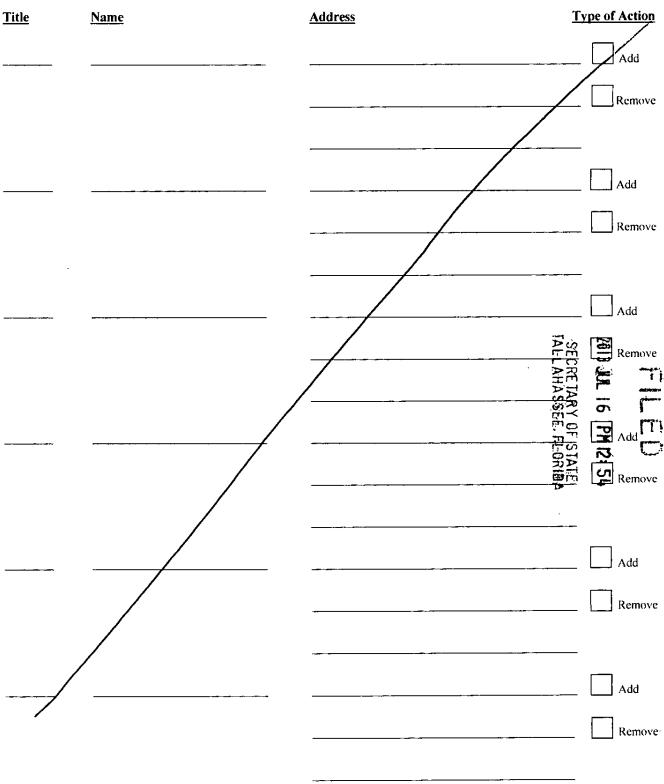
New Registered Agent's Signature, if changing Registered Agent:

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

MGR = Manager MGRM = Managing Member



D. If a	mending any N/A	other informati	on, enter change(s)	here: (Attach additional sheets, if	necessary.)
Dated _	JULY	10	2013	 .	
		Sign	11114	authorized representative of a member	
			er Sauda	=72 S rinted name of signee	
				age 3 of 3	

Filing Fee: \$25.00

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