L12000119166

(Re	equestor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
·				
,				

Office Use Only



200240540722

10/08/12--01011--005 **25.00

2312 GCT 22 PM 3: 03
SECRETARY OF STATE
FALL THASSEF, FLORID.

T. CLINE
OCT 23 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2012

LOUIS TERMINELLO 3700 SW 37 AVENUE MIAMI, FL 33133

SUBJECT: SOUTH BEACH RESTAURANT MANAGEMENT LLC

Ref. Number: L12000119166

We have received your document for SOUTH BEACH RESTAURANT MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the person being added as manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II Letter Number: 612A00024979 F STATE

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: SOUT	H BEACH REST	TAURANT MANAGE	EMENT LLC		
	Name of Lir	nited Liability Company			
The enclosed Articles of Am	endment and fee(s) are s	ubmitted for filing.			
Please return all corresponde	ence concerning this matt	er to the following:			
	L	OUIS J. TERMINELLO)		
		Name of Person			
	TERMI	NELLO & TERMINELL	O, P.A.		
•		Firm/Company			
		2700 SW 37 AVENUE			
-		Address			
		MIAMI, FL 33133		F0 12	
	···	City/State and Zip Code		ZIIZ BCT 22 SECRETARY ALL AHASS	4.
	m	nichelle@terminello.cor	n		
·	E-mail address	: (to be used for future annual rep	ort notification)	25 N	ľ
For further information conc	eerning this matter, please	e call:			ŗ
Miche	lle Crespo	at (305)	444-5002	ြောင့္ကြင္း	Ĺ
Name of Po		Area Code &	Daytime Telephone Number	- 韓 希 8	
Enclosed is a check for the t	ollowing amount:				
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Certificate		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOUTH BEACH 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 Liabi	lity Company were filed on	09-18-2012	and assig	ned	
Florida document numberL1200011916					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability company here	:			
The new name must be distinguishable and end with the	e words "Limited Liability Compar	ny," the designation "LI	.C" or the abl	oreviation	
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
				1-3	
				720	
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		(m) Am (7) =1		
			me	- o	
B. If amending the registered agent and/or a			77 (A)	- X	
B. If amending the registered agent and/or i	registered office address on or	ur records, <u>enter th</u>	e name of	the new	
registered agent and/or the new registered office	audress nere:		<u></u>	w	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
_	, Florida				
_	Chy		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>Address</u> Type of Action Title <u>Name</u> BENUA, PEGGY MGR 1111 COLLINS AVENUE ☐ Add Remove MIAMI BEACH, FL 33139 BENUA, MARGARET ANNE MGR 1111 COLLINS AVENUE 📝 Add Remove MIAMI BEACH, EL 33139 ☐ Add Remove Add Remove Add Remove HASS ₽Ždd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated .

MARGARET ANNE BENUA
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00