

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOS AMIGOS MEXICALI RESTAURANT & TEQUILA BAR,
LLC

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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dos Amigos Mexicali Restaurant & Tequila Bar, LLC
(Name of the Limited Liability Company as it now appears on our
records.) (A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 15, 2012 and assigned Florida document number L12000130908.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10501 SW Village Center Drive
Port St. Lucie, FL 34987

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

10501 SW Village Center Drive
Port St. Lucie, FL 34987

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: Corporate Creations Network, Inc.

New Registered Office Address: 11380 Prosperity Farms Rd #221E
Enter Florida street address

Palm Beach Gardens, Florida 33410
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 605, 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 Authorized Person(s) authorized to manage, enter the true name and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|-------------------|-----------------------------|--|
| MGR | FREISBERG, DECLAN | 10501 SW VILLAGE CENTER DR. | <input type="checkbox"/> Add |
| | | PORT ST. LUCIE, FL 34987 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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TALLAHASSEE, FLORIDA

(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 9, 2015.

Signature of a member or authorized representative of a member

Lauren Vadney, Attorney-in-Fact

Typed or printed name of signee