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OCT 19 2012

EXAMINER



600240797116

10/18/12--01016--002 \*\*125.00

FILED  
12 OCT 18 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/15/2012

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **CARRABS INTERNATIONAL 1020 LLC**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL CARRABS  
CARRABS INTERNATIONAL 1020, LLC  
10315 TRIANON PLACE  
WELLINGTON, FL 33449

FILED  
12 OCT 18 AM 11:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

EFFECTIVE DATE 10/15/2012

For further information concerning this matter, please call

Hilda M. Porro at (561) 798-3994

Enclosed is a check for the following amount:

X \$125.00 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 (add'l. copy is enclosed)
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**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

EFFECTIVE DATE 10/15/2012

**ARTICLES OF ORGANIZATION  
OF  
CARRABS INTERNATIONAL 1020, LLC  
(a Florida Limited Liability Company)**

**ARTICLE I – NAME:**

The name of the Limited Liability Company is **CARRABS INTERNATIONAL 1020, LLC.**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

10315 Trianon Place  
Wellington, FL 33449

**Mailing Address:**

10315 Trianon Place  
Wellington, FL 33449

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

Michael Carrabs  
10315 Trianon Place  
Wellington, FL 33449

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 statute4s relating 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.*



*Registered Agent's Signature*

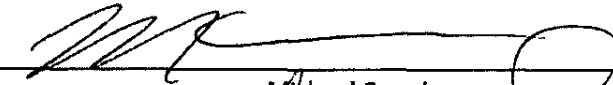
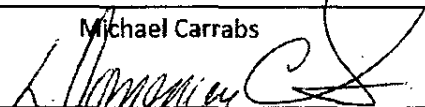
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TALLAHASSEE, FLORIDA

**ARTICLE IV – MANAGER(S) OF MANAGING MEMBER(S):**


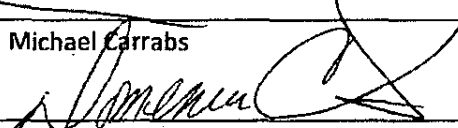
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
Michael Carrabs Managing Member	10315 Trianon Place Wellington, FL 33414
Domenica Carrabs Managing Member	10315 Trianon Place Wellington, FL 33414

**ARTICLE V – Effective date, if other than the date of filing:** OCT 15 2012

  
\_\_\_\_\_  
Michael Carrabs  
  
\_\_\_\_\_  
Domenica Carrabs

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

  
\_\_\_\_\_  
Michael Carrabs  
  
\_\_\_\_\_  
Domenica Carrabs