L12000146385

Office Use Only



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C. LEWIS
FEB 2 8 2013
EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

SCALINA BRICKELL

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:

Maynard J. Hellman, Esq.

Firm/Company

2701 Gateway Dr.

Pompano Beach, FL 33069

City/State and Zip Code

MHELLMAN@MHELLMANLAW.COM

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

For further information concerning this matter, please call:

Maynard J. Hellman, Esq. at 305,439-0420

Name of Person

Area Code & Daytime Telephone Number

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)

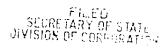
MAILING ADDRESS:

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



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SCALINA	BRICKELL, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number L12000146385	y Company were filed on 11-20-	12 and assigned	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here:		
SPAGHETTINO, LLC			
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office as		ecords, enter the name of the new	
Name of New Registered Agent:	**		
New Registered Office Address:	F El.	anida atau at adda ana	
	Enter Florida street address		
_	City	Florida 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			·
			Add
			Remove
			Add ·
		Remove	
			
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	rssary.) BECRETAR DIVISION OF C	LEU Y OF STATE TORROUATION
	2013 FEB 27	AM 10: 46
February 20 2013		
Signature of a member or authorized representative of a member		
Maynard J. Hellman Typed or printed name of signee		

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Filing Fee: \$25.00