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J. STAVOTS MAR 0 5 2015

#### **COVER LETTER**

TO:	Registration Sect Division of Corpe			
SUBJE		S CYPRESS CREEK, LL	.C	
SUBJE	C1	Name of Limited	Liability Company	
The enc	losed Articles of A	mendment and fee(s) are submit	ted for filing.	
Please r	eturn all correspond	dence concerning this matter to t	he following:	
		QUINN SMITH		
			Name of Person	
		GOMM & SMITH		
• .			Firm/Company	
		175 S.W. 7TH STREET	Γ, SUITE 2110	
			Address	<del></del>
		MIAMI, FLORIDA 3313	30	
			City/State and Zip Code	
		QUINN.SMITH@GOMN	ASMITH.COM  e used for future annual report notification	<u>—</u>
For furt	her information cor	ncerning this matter, please call:	•	•
CLOV	'IS TREVINO		305 8567723	
	Name of I	Person	Area Code Daytime Tele	ephone Number
Enclose	d 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

## GIRAFFAS CYPRESS CREEK, 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 Liability Company were filed on 12-11-2012 and assigned Florida document number L12000154820 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	G7 RESTAURANTS, LLC	1444 BISCAYNE BLVD. SUITE 216	🗆 Add
		MIAMI, FLORIDA 33132	■ Remove
MGRM	GIRAINVEST USA, LLC	1444 BISCAYNE BLVD. SUITE 216	 ■ Add
		MIAMI, FLORIDA 33132	□ Remove
			□ Add
			□ Add □ Remove
		A E E	15 FEB
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			□ Add
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the date this document is filed by the Florida Department of State)  FFBRUARY 23  2015	
The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)  Dated  FEBRUARY-23  2015	

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