L17000042958

(Requ	estor's Name)	
(Addre	ess)	
(Addre	pee)	
(Addit	333)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



000261608380

07/14/14--01005--003 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

PORCAO GRILL MIAMI, LLC

SUBJECT:

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:

KIMBERLY MARENCO

Name of Person

DIFALCO & FERNANDEZ, LLLP

Firm/Company

777 BRICKELL AVE., STE 630

Address

MIAMI, FL 33131

City/State and Zip Code

KMARENCO@DIFALCOFERNANDEZ.COM

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

For further information concerning this matter, please call:

JANELLY AVENDANO

_{#/}305 \ 569-9800

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

PORCAO GRILL MIAMI, 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 C Florida document number <u>L13000042958</u>	Company were filed on MARCH 22, 201	3 and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the words "Li	mited 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 ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address address.		r the name	of the new
Name of New Registered Agent:		<i>#</i>	Eusto.
New Registered Office Address:	Enter Florida street address		ति ही भीतकात १९५५
	Enter r torida street address	4 =	344
	, Florida,	Zip Çode	E
New Registered Agent's Signature, if changing Registered	ed Agent:	j	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties, and I am igent as provided for in Chapter 605, F.S. Of ed office address, I hereby confirm that the l	familiar wit r, if this docu	h and ment is

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 Title <u>Name</u> **Address** Type of Action 777 BRICKELL AVE MGR CHRISTOPHE L. DIFALCO □ Add MIAMI, FL 33131 ■ Remove Calle 50, Piso 17 Crispoly Trading Inc. MGR **■** Add Oficina 1709 - Panama Republica de Panama □ Add ☐ Remove _□ Remove □ Add ☐ Remove

Effective date, if other than the date of filing: (Optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Dated Department of State Department of	If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated JULY 9 Signature of a member or authorized representative of a member		
Dated JULY 9 Signature of a member or authorized representative of a member		
Dated JULY 9 Sterature of a member or authorized respective of a member		· · · · · · · · · · · · · · · · · · ·
Dated JULY 9 Signature of a member or authorized representative of a member		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated JULY 9		
Dated JULY 9 Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member CHRISTOPHE L. DIFALCO	Date	ed
CHRISTOPHE L. DIFALCO		The state of a participal of a
		CHRISTOPHE L. DIFALCO

Page 3 of 3

Filing Fee: \$25.00