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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PORCAO GRILL MIAMI, LLC**  
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**

Name of Person

at **305 569-9800**

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

PORCAO GRILL MIAMI, LLC

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHE L. DIFALCO	777 BRICKELL AVE	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Crispoly Trading Inc.	Calle 50, Piso 17	<input checked="" type="checkbox"/> Add
		Oficina 1709 - Panama	<input type="checkbox"/> Remove
		Republica de Panama	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2014  
2014

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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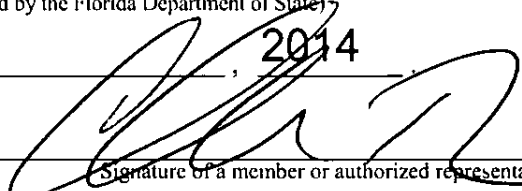
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 **JULY 9**, **2014**



Signature of a member or authorized representative of a member

**CHRISTOPHE L. DIFALCO**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

6/11/2014  
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