

# LRB000068655

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000283026 3)))



H140002830263ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GIRAFFAS TURTLE CROSSING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 DEC -9 AM 10:00

BUREAU OF CORPORATIONS  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC -9 AM 7:43

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 10 2014

T. HAMPTON

H140002830263

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GIRAFFAS TURTLE CROSSING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 DEC -9 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/9/2013 and assigned  
Florida document number L13000068655.

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 "LLC."

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

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 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.*

If Changing Registered Agent, Signature of New Registered Agent

H140002830263

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>
AMBR	GIRAINVEST USA, LLC	1444 BISCAYNE BLVD SUITE 216	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
AMBR	G7 Restaurants, LLC	1444 Biscayne Blvd, Suite 216	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
14 DEC -9 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

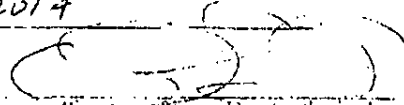
H140002830243

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 12-5-2014



Signature of a member or authorized representative of a member

Quinn Smith

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
14 DEC -9 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H140002830243