L13000087053

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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13 JUL -5 MII: 52
SECRETARY OF STATE
TALLAHASSEE, FLORID

* Simers JUL 08 SULE

COVER LETTER

SUBJECT: Te A MO ReStaulants 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:
David Fouguies
Te Amo Restaulants LLC
3301 NE 1St Avenue alt # 1702
Miami, FLorida 33137
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Foulquies at (917) 251-4845 Area Code & Daytine Telephone Number Res
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

to:

Registration Section Division of Corporations

> 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

	Or		
Te Amo Resto	infants, u		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on o oited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability ComFlorida document number <u>L1306687053</u> .	npany were filed on	7/20 1 3 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
Tea Amo Restaurant	S. LLC		
Tea Amo Restaurant The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	ne designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:		IAI IAI	
(Principal office address MUST BE A STREET ADDRES	SS)	L Cr	<u></u>
		TA HAS	Grant I
		SEE.	Л
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		TAT ORI	
		A	<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, <u>enter the na</u>	ne of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			-
			Add
			Remove
		<u></u>	-
		SECR TALLA	_ Add
		HASSE!	Remove
		E. FLORIDA	E M
		DE A	Add
			Remove
			Add
			Remove
			Add
			Remove

: If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ited	<u>7/2/13</u>
	Signature of a member or authorized representative of a member
	David Foulguill
	Typed or printed name of signee

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Filing Fee: \$25.00

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