

08/08/2013 08:53

Alron Inc.

(FAX) 3217238218

P.001/006

Division of Corporations

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L1300089361

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

From:

Account Name : ALRON ENTERPRISES, INC.
Account Number : I20000000113
Phone : (321) 951-7626
Fax Number : (321) 723-8218

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Airon Inc.

(FAX) 3217238218

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August 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOCAL TROPICAL CAFE LLC
4120 PALM AVE
HIALEAH, FL 33012

SUBJECT: LOCAL TROPICAL CAFE LLC
REF: L13000089361

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Deborah Bruce
Regulatory Specialist II

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOCAL TROPICAL CAFE 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 JUNE 20, 2013 and assigned
Florida document number L13000089361

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

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAIME REYERS	9705 FONTAINBLEAU BLVD #210	<input type="checkbox"/> Add
		MAIMI, FL 33172	<input checked="" type="checkbox"/> Remove
MGRM	JOHN TOBON	3149 CENTER STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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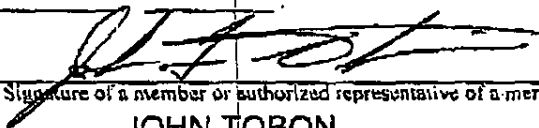
Alron Inc.

(FAX) 3217238218

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

Dated AUGUST 6 2013


Signature of a member or authorized representative of a member

JOHN TOBON

Typed or printed name of signer

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