May 02 2014 2:42 M PA CORPORATE SERVICES 15514559875 P.1 Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

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

Email	Address:				

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MKS IMPORT 414 LLC

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Electronic Filing Menu

Corporate Filing Menu

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5/2/2014

2014 MAY -2 AM 8: 25

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY UP STATE TALLAHASSEE, FLORIDA

MKS IMP	ORT 414 LLC	}		
(Name of the Umited Liability Compa (A Florida Limited	ury as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L13000114136	were filed on	08-13-2013	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	dity company he	ere:		
MK CAFE DON JOSE LLC				
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the	designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	12350 NORTH 56TH ST			
(Principal office address MUST BE A STREET ADDRESS)	TEMPLE TERRACE, FL 33617			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RTH 56TH ST ERRACE, FL 3361	7	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the	
New Registered Office Address:	Enter Flo	rida street address		
		. Florida		

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

Page 1 of 3

MGR = Manager

H14000106267 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:

AMBR - Authorized Member Title <u>Name</u> <u>Address</u> Type of Action _U Add ____ 🗆 Remove __ 🗆 Add _ 🗆 Remove _□ Add _□ Remove _□ Add _ Remove _□ Remove ☐ Remove

D. If amending any other information onto	er change(s) here: (Attach additional sheets,	H14000106267 3
I amonding any omer miormation, end	ei Change(s) nei e. (Anach adamonia sheets, i	, necessary.)
·		·
E. Effective date, if other than the date of f (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	to date of receipt or filed date and cannot be more than 96	(optional) days after
Dated MAY 1ST	2014	
Signature	of a member or authorized representative of a member	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	KARIM BENMANSOUR	

FILED 801 MY -2 M 8:25 SECRETARRESTEDATE