# LIBUA BAATA

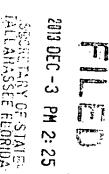
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# TO BEEF OR NOT TO BEEF. LLC

SUBJECT:

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:

# CHRISTIAM CARDENAS, ESQ.

Name of Person

LOUIS A. SUPRASKI, P.A.

Firm/Company

2450 NE MIAMI GARDENS DR. 2ND FLOOR

Address

MIAMI, FL 33180

City/State and Zip Code

CCARDENAS@SUPRASKILAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS A. SUPRASKI, ESQ. at 305, 792-0060

Name of Person

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)

Certificate of Status & Contified Copy.

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TO BEEF OR NOT TO BEEF, 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 Complete Florida document number <u>L13000136979</u> .	pany were filed on _	SEPTEMBER 27, 201	3 and as	signe	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Co	mpany," the designation "LL	C" or the	abbre	viation
Enter new principal offices address, if applicable:			SeX	FS:z	
(Principal office address MUST BE A STREET ADDRES	<u></u>	. <u></u>	<u> </u>	믋	
			출함	문	1 · 8
			SS.	ပ်	Tw. Chest
Enter new mailing address, if applicable:			unico unico		
(Mailing address MAY BE A POST OFFICE BOX)			15.0 15.0 15.0 15.0 15.0 15.0 15.0 15.0	<i>₩</i> 	Remark R = 1.
			<u> </u>	25	**************************************
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, <u>enter th</u>	e name		<u>ie new</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street addre	ess		
	. Florida				
<del></del>	City	, 1 1011444	Zip Cod	<del>le</del>	
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:				

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>	Name	Address	Type of Action
MGR	PATRICIA SUAREZ	3832 ADAMS STREET	_ Add
		HOLLYWOOD, FL 3302	Remove
MGR	JORGE SCHAFIR	2875 NE 191ST STREET, SUITE 80	1 Add
		AVENTURA, FL 33180	Remove
MGR	CLAUDIA INZUA	2875 NE 191ST STREET, SUITE 80	1
		AVENTURA, FL 33180	Remove
MGRM	JORGE SCHAFIR	2875 NE 191ST STREET, SUITE 801	- Add
		AVENTURA, FL 33180	Remove 2
MGRM	CLAUDIA INZUA	2875 NE 191ST STREET, SUITE 801	48 L
		AVENTURA, FL 33180	Remove Remove
			_ Add
		<del></del>	Remove

DIf amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 NOVE	EMBER 26 , 2013
Dated	Jog Shalu
 J(	Signature of a member or authorized representative of a member ORGE SCHAFIR, MGRM
	Typed or printed hame of signed
	Page 3 of 3

Filing Fee: \$25.00