190000001

(Re	questor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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11/16/15--01011--010 **25.00

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ECRETARY OF STATE

NOV 1 7 2015 S. YOUNG

COVER LETTER

Div	ision of Cor	porations			
CUD ID CO.	мммм ст	JISINE LLC			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	•		
Picase return	an correspo	ndence concerning this matter	to the following.		
		BRIAN DEL FIERRO			
			Name of Person		
		BALWANT CHEEMA CI	PA		
			Firm/Company		
		8301 NW 197TH ST			TSS 5
			Address		COR E T
		MIAMI, FL 33015			NOV 16 PH 5: 24 LANASSEE, FLORIDA
			City/State and Zip Code		HQ P
		BRIAN@BALCPA.COM	to be used for future annual report notifi	ication)	FLOG SIA 1. 5:
For further in	nformation co	oncerning this matter, please c	·	ication)	ZIF ZIFA
BRIAN DEI	L FIERRO		305 764-1073		
	Name of	f Person		Telephone Number	
Enclosed is a	a check for th	e following amount:			
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMMM CUISINE LLC			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number L14000000701	oility Company	were filed on 01/02/2014	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liabi	ility company here:	
N/A			
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	N/A	
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:		N/A	SECRET TALLAN
(Mailing address MAY BE A POST OFFICE BO			16 P
B. If amending the registered agent and/or registered agent and/or the new registered office			rds, enter the name of the ne
Name of New Registered Agent:	N/A		·
New Registered Office Address:			
		Enter Florida street ada	iress
			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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALAN MCLENNAN	2519 NW 2nd Ave	= Add
		Miami, FL 33127	□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			SECON Remove FILED OF OF
			Addon 25 Remove
			☐ Change
			Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change

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CATHERINE ODERMATT	Signature of a member or aut	horized representative of a member
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Page 3 of 3

Filing Fee: \$25.00