

L15000073336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

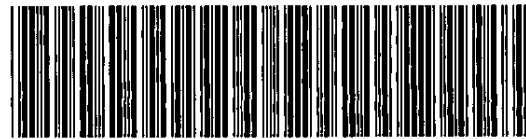
(Business Entity Name)

(Document Number)

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04/27/17--01028--025 **60.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAY 1 - 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAIRES SUNNY ISLES LLC
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:

MARCELO FERREIROS
Name of Person

BAIRES SUNNY ISLES LLC
Firm/Company

18090 COLLINS AVE T1-3
Address

SUNNY ISLES, FL 33160
City/State and Zip Code

INFO@BAIRESGRILL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO FERREIROS at 305 992-1441
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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

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TALLAHASSEE, FLORIDA

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

BAIRES SUNNY ISLES 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 04/27/2015 and assigned
Florida document number L15000073336.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

18090 COLLINS AVE T1-3

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

18090 COLLINS AVE T1-3

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES, FL 33160

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:

ALEJANDRO DE LA VEGA

New Registered Office Address:

4700 BISCAYNE BLVD SUITE 400

Enter Florida street address

MIAMI

City

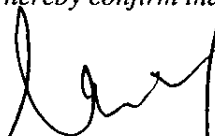
Florida

33137

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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BAIRES HOLDINGS LLC	18090 COLLINS AVE T1-3	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRATOLA LLC	2110 KEYSTONE BLVD	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIVERSO LLC	4770 BISCAYNE BLVD SUITE 4	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
APR 27 10 36
TALLAHASSEE
STATE
CLERK

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

2017

~~XXXXXXXXXXXXXXXXXXXX~~

Signature of a member or authorized representative of a member

MARCELO FERREIROS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA