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SECRETARY OF STATE TALLAHASSEELFLOR OF

MAR 1 8 2016 S. YOUNG

COVER LETTER >

TO: Registration Section Division of Corporations	
SUBJECT: Fogueira Brazilian Churrascaria 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:	
Geoffrey Rodriquez Name of Person	
Firm/Company	dy.
7000 NW 37 CT	TO MAI
Miami, FC 33147	
City/State and Zip Code Fogueirabrazili anchurras Caria @yahoo. wm E-mail address: (to be used for future annual report notification)	OF 5 1945 5.75 2024 PN 2: 24
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	F (7)
Geoffray Rodriguez Name of Person at (305) 542-5672 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCERTIFICATE OF CERTIFICATE OF CE	Status &

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

The Articles of Organization for this Limited Liability Company were filed on Doll 10016 Florida document number 40028 Z 73444 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: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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an effective date is list	ther than the date of ted, the date must be spec- erted in this block doe	cific and cannot be pr	ior to date of filing or licable statutory fili	more than 90 days after f	iling.) Pursuant to 605.0 date will not be listed
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Filing Fee: \$25.00