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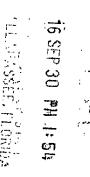
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# **COVER LETTER**

Division of Corporations
SUBJECT: SOUTH POINTE CAPE 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:
Name of Person
Name of Person  SOUTH POINTE CAFE  Firm/Company
3 WASHINGTON AVENUE
MIAMI BEACH, FC 33/39 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Scriffied Copy (cartificate of Status Status Scriffied Copy (additional copy is enclosed)

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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

30017			-		
(Name of the Limite	ed Liability Compa- (A Florida Limited I	ny as it now appears on clability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number 4600/33	ability Company	were filed on	114/211	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	ation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:		·		<del></del>
(Principal office address MUST BE A STREE	T ADDRESS)			·	
			·		
Enter new mailing address, if applicable:		Source Po	INTO CA	AVRANE CC 33739	
Mailing address MAY BE A POST OFFICE I	POVI	3 WA W	WG TON	AVE AND F	—
Industry waters with the ATOST OFFICE I	<u>507)</u>	MAMI BI	EACH 1	CC 33739	_
				हों <b>ला</b>	_
B. If amending the registered agent and/or the new registered of			records, ente	er the name of the	new
Name of New Registered Agent:	NonTo	BEROP.	T50 T1	5751	
New Registered Office Address:	012 500	TH POINTR	CAFE-	3 WASHING TO.	NAVE
	MIAMI	Enter Florida st  BEACH  City	reet address Florida	33/39	
•		City	, rivilua _	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 = AMBR =	Manager = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		MAMI BRACH, FC 33139	Remove
			Change
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		3 W/ASHINGTON AVENUE	Remove
		MIAMI BEACH, FL3313	9 □ Change
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Filing Fee: \$25.00