L16 000145698

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| то: | Registration Se Division of Cor | | | |
|-------------------------------------|------------------------------------|-------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJI | 0.00 | GRILL LLC | | |
| 3010 | | Name of Lim | nited Liability Company | |
| The en | closed Articles of a | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | SEBASTIAN PAPPALET | TERA | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 2112 NE 123RD STREET | | |
| | | | Address | |
| | | NORTH MIAMI, FL 3318 | 31 | |
| | | | City/State and Zip Code | |
| | | ruben@miatax.com | | |
| | | E-mail address: (| to be used for future annual report notif | fication) |
| For fur | ther information co | oncerning this matter, please of | all: | |
| Sebastian Pappalettera 954 261-8426 | | | | |
| | Name of | Person | Area Code Daytimo | e Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| | 5.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| URBANO GRILL LLC | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lit | Company as it now appears on our record nited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Com | pany were filed on | and assigned |
| Florida document number L16000145698 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u></u> | |
| | | |
| | | 5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| Enter new mailing address, if applicable: | | S |
| Mailing address MAY BE A POST OFFICE BOX) | | 50% |
| | | (i) |
| · | | |
| 3. If amending the registered agent and/or register registered agent and/or the new registered office addres | ed office address on our record <u>s here</u> : | s, enter the name of the r |
| | | ~ |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | SS |
| | | lorida |
| | City | 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> | Type of Action |
|--------------|-------------------------|-----------------------------|---------------------------------------|
| MRGM | PAPPALETTERA, SEBASTIAN | 13899 Biscayne Blvd Ste 222 | Add |
| | | North Miami Beach, FL 33181 | ☐ Remove |
| | | | ☐ Change |
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| | | - 121 (g. | PK | History. |
| | 08/29/2016 | K.E. PKII)A | | ₹., |
| (If an et <u>Note:</u> | (optional) Tective date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records. | Pursuant t | o 605.02 e listed | 207 (3)(as the |
| if the re (b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed. | n the e | arlier | of: |
| Dated | August 29 , 2016 | | | |
| | Signature of a member or authorized representative of a member | | | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00