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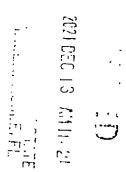
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| Certified Copies | Certificates of | of Status |
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| TO: | Registration Se Division of Cor | | | |
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| | Borinquene | er Grill, LLC | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | |
| | | Name of Line | neu Daomty Company | |
| The er | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | OMAR MARTINEZ | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 6925 WEST MOHAWK A | WENUE | |
| | | TAMPA, FLORIDA 33634 | Address 4 | |
| | | BORINQUENEERGRILL | City/State and Zip Code @GMAIL.COM | |
| | | E-mail address: (| (to be used for future annual report notification) | |
| For fu | rther information c | oncerning this matter, please c | | |
| OMA | R MARTINEZ | | 646 7560139 | |
| | Name o | f Person | at ()Area Code Daytime Telephone Number | |
| Enclos | sed is a check for th | ne following amount: | | |
| ₹ \$: | 25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) | f Status & py |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Torporations 17 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boringueneer Grill, LLC (Name of the Limited Liability Company as it now appears on our records:) (A Florida Limited Liability Company) Florida document number ______1.21000077198 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, 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.

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 |
|--------------|---------------|--|----------------|
| AMBR | OMAR MARTINEZ | 6925 West Mohawk Avenue, Tampa, FL 33634 | Add |
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| | e date, if other the | date must be specific : | and cannot be prior to t meet the applica | to date of filing or mor able statutory filing | (options to than 90 days after fill requirements, this d | al) ing.) Pursuant to 605.0207 ate will not be listed as |
| f an effect Note: If | the date inserted in | s the Department of | of State's moords | | | |
| f an effect Note: If | the date inserted in t's effective date or | n the Department of | of State's records. | | | |
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