

**L15000022395**



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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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K. SALY  
APR 12 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DON EMILIO 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:

ROSARIO D. RODRIGUEZ-RUIZ

\_\_\_\_\_  
Name of Person

RUIZ ACCOUNTING & TAX GROUP, INC.

\_\_\_\_\_  
Firm/Company

15306 SW 39TH TER

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33185

\_\_\_\_\_  
City/State and Zip Code

ruiz\_taxaccounting@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSARIO D. RODRIGUEZ-RUIZ

786 486-2613  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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**

DON EMILIO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 02/05/2015 and assigned Florida document number L15000022395.

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:

13762 W. STATE ROAD 84, SUITE 607

**(Principal office address MUST BE A STREET ADDRESS)**

DAVIE, FLORIDA 33325-5305

Enter new mailing address, if applicable:

13762 W. STATE ROAD 84, SUITE 607

**(Mailing address MAY BE A POST OFFICE BOX)**

DAVIE, FLORIDA 33325-5305

**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:

ROSARIO D. RODRIGUEZ-RUIZ

New Registered Office Address:

15306 SW 39TH TER

*Enter Florida street address*

MIAMI

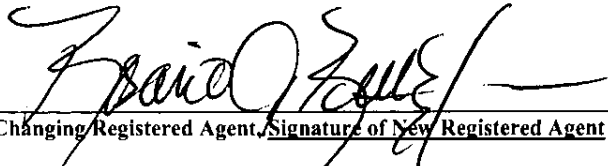
*City*

Florida 33185

*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>
MGRM	GRACIELA DEL VAL	13762 S. STATE ROAD 84,	<input type="checkbox"/> Add
		SUITE 607	<input checked="" type="checkbox"/> Remove
		DAVIE, FLORIDA 33325-5305	<input type="checkbox"/> Change
MGRM	IMANOL DEL VAL	13762 S. STATE ROAD 84,	<input type="checkbox"/> Add
		SUITE 607	<input checked="" type="checkbox"/> Remove
		DAVIE, FLORIDA 33325-5305	<input type="checkbox"/> Change
MGRM	LA PETRONILA LLC	8 THE GREEN, SUITE A.	<input checked="" type="checkbox"/> Add
		DOVER, DELAWARE 19901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA  
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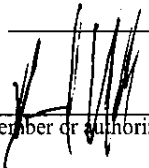
E. Effective date, if other than the date of filing: 02/23/2017 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 03/30/17



Signature of a member or authorized representative of a member

EMANUEL DEL VAL

Typed or printed name of signee