

L1500009434

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOS AMIGOS FOOD TRUCKS 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:

RAMON A GONZALEZ

Name of Person

LOS AMIGOS FOOD TRUCKS LLC

Firm/Company

7972 PINES BLVD # 246086

Address

PEMBROKE PINES FL 33024

City/State and Zip Code

sr.gonzalez@gmail.com

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

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JUL 20 PM 5:10
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

RAMON A GONZALEZ

at (786) 280-6455

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

LOS AMIGOS FOOD TRUCKS LLC

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

The Articles of Organization for this Limited Liability Company were filed on MAY 29, 2015 and assigned Florida document number L1500094344.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NONE

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:

EFFECTIVE MULTISERVICES INC

New Registered Office Address:

7972 PINES BLVD # 246086

Enter Florida street address

PEMBROKE PINES

Florida 33024

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>	<u>Type of Action</u>
MGR	LUIS CONTRERAS	6252 NW 199 TERRACE	<input type="checkbox"/> Add
		MIAMI FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DARLIN ISAAC BITTAR	14716 SW 4th STREET	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	EFFECTIVE MULTISERVICES II	7972 PINES BLVD # 246086	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COMMUNICATIONS SECTION
 1001

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

ADDITIONAL PROVISIONS:

EFFECTIVE MULTISERVICES INC - 25%

LUIS RAMIREZ - 25%

DARLIN ISAAC BITTAR - 50%

E. Effective date, if other than the date of filing: _____ (optional)

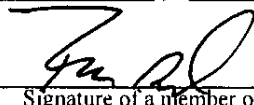
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JULY 17, 2015



Signature of a member or authorized representative of a member

EFFECTIVE MULTISERVICES Y/O RAMON A GONZALEZ

Typed or printed name of signee

FILED
JUL 20 11 51 10
STATE DEPARTMENT OF REVENUE