

L16000105749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

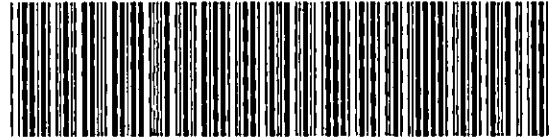
(Business Entity Name)

(Document Number)

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FEB 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EL PASTOR TAQUERIA 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:

CARLOS ALBERTO ALOI

Name of Person

EL PASTOR TAQUERIA LLC

Firm/Company

19575 Biscayne Blvd.
#3205

Address

Aventura, FL 33180

City/State and Zip Code

albertoaloi@gmail.com

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

For further information concerning this matter, please call:

Sebastian Aloï

310 855-4767

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**

EL PASTOR TAQUERIA 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 5/26/2016 and assigned Florida document number L16000105749.

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 _____

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	SEBASTIAN ALBERTO ALOI	17001 Collins Ave., #1404 Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 February 4th 2019

Handwritten signature of Carlos Alberto Aloi

Signature of a member or authorized representative of a member

CARLOS ALBERTO ALOI

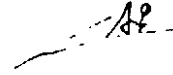
Typed or printed name of signee

Signature Certificate

Document Reference: DRBSUTIMW5CTFDSRTGH6VC

RightSignature
Easy Online Document Signing

Carlos Alberto Aloi
Party ID: SNMUFDJNYLRZEG5FCJL2TJ
IP Address: 179.28.181.249
VERIFIED EMAIL: albertoaloi@gmail.com



Multi-Factor
Digital Fingerprint Checksum

5040aa30e9f05c2ee87b5e866516082bbo529692



Timestamp

2019-02-05 14:37:04 -0800

2019-02-05 14:37:04 -0800

2019-02-05 14:37:04 -0800

2019-02-05 14:37:04 -0800

Audit

All parties have signed document. Signed copies sent to: Mark, Patricia Acosta, Sebastian Aloi, Carlos Alberto Aloi, and Private Advising Group.

Document signed by Carlos Alberto Aloi (albertoaloi@gmail.com) with drawn signature. - 179.28.181.249

Document viewed by Carlos Alberto Aloi (albertoaloi@gmail.com). - 179.28.181.249

Document created by Private Advising Group (jp@private-advising.com). - 63.251.154.106



This signature page provides a record of the online activity executing this contract.