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BEPARTHEN OF STATE



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October 20, 2015 Via Hand Delivery

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: El Jalisco #3 Mexican Restaurant, LLC

To Whom It May Concern:

Enclosed please find the following documents:

- One original Articles of Amendment to Articles of Organization for filing;
- One original Withdrawal Statement
- One check (No. \_\_\_\_\_) in the amount of \$55.00 for the filing fee

Best Regards,

Patience CDeBaca,

Legal Assistant to Frances C. Lowe

FCL/pc Enclosures CATHERINE B. CHAPMAN°
JENNIFER SULLIVAN DAVIS
ROBERT D. FINGAR
AMANDA W. GAY
THOMAS J. GUILDAY
GEORGE W. HATCH, III\*
FRANCES C. LOWE°
TRUDY E. INNES RICHARDSON
CARRIE MENDRICK ROANE
JAKEN E. ROANE
MARY K. SIMPSON\*\*
MICHAEL D. WEST

OF COUNSEL GEOFFREY B. SCHWARTZ J. KENDRICK TUCKER

- \* BOARD CERTIFIED CONSTRUCTION LAWYER
- \*\* BOARD CERTIFIED CIVIL TRIAL LAWYER
- O ALSO ADMITTED IN GA

A MEMBER OF

THE HARMONIE GROUP'

## **COVER LETTER**

|                 | ion of Corp  |                                 |                              |                         |
|-----------------|--|---------------------------------|------------------------------|-------------------------|
| SUBJECT:        | El Jalisco #3  | Mexican Restaurant, LLC         |                              |                         |
| SOBJECT         |  | Name of Limi                    | ted Liability Company        |                         |
| The enclosed A  | El Jalisco #3 Mexican Restaurant, LLC  Name of Limited Liability Company  ad Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  Frances Casey Lowe, Esq.  Name of Person  Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A.  Firm/Company  68 A Feli Way  Address  Crawfordville, FL 32327  City/State and Zip Code  francie@franciclowe.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  sey Lowe  850  Name of Person  Area Code  Daytime Telephone Number  a check for the following amount:  Filing Fee  Certificate of Status  Certificate Copy  (additional copy is enclosed) |                                 |                              |                         |
| Please return a | ıll correspor  | dence concerning this matter t  | to the following:            |                         |
|                 |  | Frances Casey Lowe, Esq.        |                              |                         |
|                 |  |                                 | Name of Person               |                         |
|                 |  | Guilday, Schwartz, Simpso       | on, West, Hatch & Lowe, P.A. |                         |
|                 |  | <del></del>                     | Firm/Company                 |                         |
|                 |  | 68 A Feli Way                   |                              |                         |
|                 |  |                                 | Address                      | <del></del>             |
|                 |  | Crawfordville, FL 32327         |                              |                         |
|                 |  |                                 | City/State and Zip Code      |                         |
|                 |  | •                               |                              | C                       |
|                 |  | ·                               | •                            | neation)                |
| For further inf | ormation co  | ncerning this matter, please ca | ill:                         |                         |
| Frances Casey   | y Lowe   |                                 |                              |                         |
| <u> </u>        | Name of  | Person                          |                              | e Telephone Number      |
| Enclosed is a   | check for the  | e following amount:             |                              |                         |
| □ \$25.00 Fil   | ing Fee  |                                 | Certified Copy               | Certificate of Status & |

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 Jalisco #3 Mexican Restaurant, L   |  |
|---|--|
| (Name of the Limite   | ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  |
| The Articles of Organization for this Limited Lie Florida document number L05000100281  | ability Company were filed on 10-12-2005 and assigned and assigned   |
| This amendment is submitted to amend the follo  | wing:  |
| A. If amending name, enter the new name of  | the limited liability company here:  |
| The new name must be distinguishable and contain the wo                                 | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applica   | ıble:  |
| Principal office address MUST BE A STREE  | T ADDRESS)   |
| Enter new mailing address, if applicable:<br>Mailing address MAY BE A POST OFFICE I     | <u>BOX)</u>  |
| B. If amending the registered agent and/oregistered agent and/or the new registered off | or registered office address on our records, enter the name of the ner   |
| Name of New Registered Agent:   | TAX CONTRACTOR OF THE PROPERTY |
| New Registered Office Address:  |  |
|   | 25 <b>cb. 1</b>  |
|   | , Florida $\gtrsim >$  |

## 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>                  | Address                 | Type of Action |
|--------------|------------------------------|-------------------------|----------------|
| MGRM         | Jose Jesus Carranza-Quintero | 242 Bay Pine Drive      | Add            |
|              |                              | Crawfordville, FL 32327 | ☐ Remove       |
|              |                              |                         | □ Change       |
| MGRM         | Erix E. Carranza             | PO Box 68               |                |
|              |                              | Crawfordville, FL 32326 | ■ Remove       |
|              |                              |                         | Change         |
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| <del></del>  |                              |                         | RE PARY        |
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| ectiv        | e date, if other than the date of filing: (optional)   |            |                  |
| <u>te:</u> l | tive 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 we |            |                  |
| cume         | nt's effective date on the Department of State's records.  |            |                  |
|              |  |            |                  |
|              | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.   | n the      | earlier          |
|              | ,  |            |                  |
| ted          | October 20 , 2015.   |            |                  |
| _            | Signature of a member or authorized representative of a member   |            |                  |
|              | A Tarrell  |            |                  |
|              | Unines ( NOW 1110THE!)   |            | <del></del>      |

Page 3 of 3

Filing Fee: \$25.00