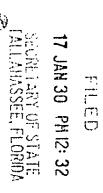
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(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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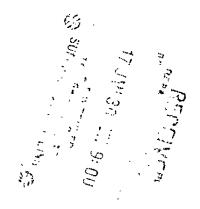
Office Use Only



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K. SALY JAN 3 0 2017

COVER LETTER

Division of Co	orporations		
SUBJECT:	El Jalisco #3 Mexican Restaura	nnt, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Frances Casey Lowe, Esqu	uire	
		Name of Person	
	Guilday, Simpson, West, I	latch, Lowe & Roane, P.A.	
		Firm/Company	
	68-A Feli Way		
		Address	
	Crawfordville, Florida 323	327	
		City/State and Zip Code	
	francie@francielowe.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Frances Casey Lowe		850 926-8245 at ()	
Name	of Person		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:

TO:

Registration Section

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, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) October 12, 2005 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __L05000100281 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

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
MGR	Erix E. Carranza	Post Office Box 68	
	Crawfordville, FL 32326	■ Remove	
		☐ Change	
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		Remove	

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fective date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 applicable statutory filing requirements, this date will not be listed ecords.
record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier
nted	·
1	
Auxus C	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00