

LO6000002475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200077320742

07/12/06--01032--018 **55.00

FILED

2005 JUL 12 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO6-2475
JL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL GALLO CATERING 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:

EVELYN RIVERA, EA

(Name of Person)

ACCOUNTING CENTER FOR SMALL BUSINESS INC

(Firm/Company)

5701 DOGWOOD DR

(Address)

ORLANDO, FL 32807

(City/State and Zip Code)

FILED
2006 JUL 12 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

EVELYN RIVERA

(Name of Person)

at (407) 281-0227

(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 GALLO CATERING LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JANUARY 9, 2006 and assigned document number L06000002475.

SECOND: This amendment is submitted to amend the following:

THE NEW NAME OF THE LLC IS:

AMBAR CONSTRUCTION, LLC

THE RESIGNATION MEMBER IS:

MARIA GONZALEZ

2220 DONEGAN PLACE

ORLANDO, FL 32826

Dated APRIL 24, 2006.



Signature of a member or authorized representative of a member

AMBAR FUENTES

Typed or printed name of signee

FILED
2006 JUL 12 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA