

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRES HERMANOS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2015

TRES HERMANOS, LLC PO BOX 48237 SEATTLE, WA 98148

SUBJECT: TRES HERMANOS, LLC

REF: 1.06000056689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H15000245098 Letter Number: 015A00021719

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P.O BOX 6327 - Tallahassee, Florida 32314

H1300270078

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lit	(A Florida Limited	Liability Compa	ppears on our records.)	
The Articles of Organization for this Limited Florida document number L06000056689	Liability Compan	y were filed o	n 06/02/2006	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	ollity compan	v here:	
The new name must be distinguishable and contain the	words "Limited Liab	itiry Company,"	the designation "LLC" or the	ubbreviation "L.L.C."
Enter new principal offices address, if appli	icable:			<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)			S
Enter new mailing address, if applicable:		1012 E OSC	CEOLA PARKWAY	SEE. F
Matting address MAY BE A POST OFFICE	BOX)	KISSIMME	E, FL 34744	C015 3
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3. If amending the registered agent and egistered agent and/or the new registered of	Var registered o	<u>¢</u> :		the name of the nev
Name of New Registered Agent:	FREEDOMTA	X ACCOUNT	no & multise	rvices, IN
New Registered Office Address:	1012 E OSCEC		·	
		Enter	Florida street address	
	KISSIMMEE		Florida 3°	1744
		City		

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.

Manging Registered Agent, Signature of New Registered Agent

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It 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 = Anthorized Member

Title	Name	Address	Type of Action
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			□ Remove
			□ Change
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record specifi he 90th day a	es a delayed effec after the record is	tive date, bu fil ed .	t not an effec	tive time, at 1	2:01 a.m. o	n the earlier of:
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