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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/16/14 OCT 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILE CALIENTE 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:

JACOB GALLEGOS

Name of Person

CHILE CALIENTE LLC

Firm/Company

204 BOSTON AVE

Address

IMMOKALEE, FL 34142

City/State and Zip Code

CHILE33@YAHOO.COM

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

For further information concerning this matter, please call:

JACOB GALLEGOS

Name of Person

at (305) 305-6501

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**

CHILE CALIENTE 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 04/19/2007 and assigned Florida document number L07000041925.

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 end with 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:

JACOB GALLEGOS

New Registered Office Address:

204 BOSTON AVE

Enter Florida street address

IMMOKALEE

City

, Florida

34142

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	JESUS BARNHART	1509 5TH AVE	<input type="checkbox"/> Add
		IMMOKALEE, FL 34142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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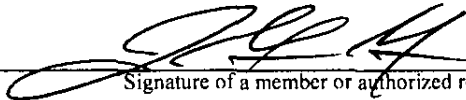
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMENDING ORIGINAL ARTICLES OF INCORPORATION WHERE IT
STATED THAT BERNARDO BARNHART WAS A MANAGING MEMBER
OF THIS LLC. WE ARE SUBMITTING MR. BARNHART'S RESIGNATION
AND DOCUMENT WHERE HE IS TRANSFERRING HIS SHARES OVER
TO MR. JACOB GALLEGOS ON DOCUMENT DATED OCTOBER 8, 2014.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated OCTOBER 8TH, 2014



Signature of a member or authorized representative of a member
JACOB GALLEGOS

Typed or printed name of signee

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Filing Fee: \$25.00

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