

LO9 000002810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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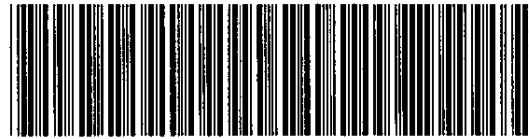
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2014

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LO9-2810



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2014

EL GOYA LLC
PO BOX 13109
TAMPA, FL 33681

SUBJECT: EL GOYA LLC
Ref. Number: L09000002810

We have received your document for EL GOYA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 114A00016756

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**AMENDMENT TO THE
ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is EL GOYA LLC.

ARTICLE II – Address:

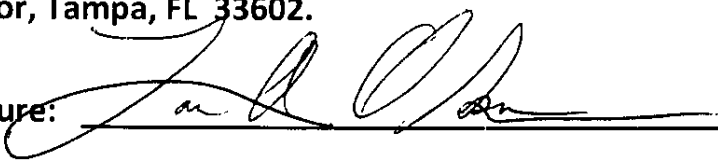
The mailing address for this Limited Liability Company is P O Box 13109, Tampa, FL 33681.

The physical address for the corporate office of this Limited Liability Company is 5214 W. Tyson Avenue, Tampa, FL 33611.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's

The registered agent is still Laura Olson at the address of 200 N. Pierce Street, 4th Floor, Tampa, FL 33602.

Signature: _____



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ARTICLE IV – Managers or Managing Members:

The name and address of the Manager or Managing Member is as follows:

Title:

Name and Address:

MGR = Manager

MGRM = Managing Member

MGRM _____

Richard Calderoni

P O Box 13109

ARTICLE V: Effective Date, if other than the date of filing: _____.

(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized
Representative of a member.

(In accordance with section 60.408(3), Florida
Statutes, the execution of this document
constitutes an affirmation under the penalties
of perjury that the facts stated herein are true.)

RICHARD CALDERONI

Printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee:

\$25.00 – Amended Articles of Organization