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EXAMINER



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G. MCLEOD

DEC 19 2011

EXAMINER

COVER LETTER

Division of Co	orporations		gana		
SUBJECT:	EL SITIO BAR RESTAURANTE LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	D	IEGO M. RODRIGUEZ	·		
		Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
Address MIAMI, FL 33133					
	MORIS(E-mail address:	MORISRODRIGUEZ.CON to be used for future annual report notifi	f. cation)		
For further information	concerning this matter, please	call:			
DIEGO M. RODRIGUEZ Name of Person		at (305) Area Code & Daytime	648-3368 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)		

TO:

Registration Section

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 SITIO BAR RESTAURANTE 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 Comp Florida document numberL1000060430	any were filed on	06/07/2010	and assigned
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 "L".L.C."	Limited Liability Compan	ny," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		- <u> </u>	y
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Jackson Andrews	ARY OF SI
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on ou here:	ur records, <u>enter 39</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			A
·	Ente	er Florida street addr	ess
		, Florida	. Iu.l
•	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		·

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> **Address MGRM** Esperanza C. Guarnizo 3480 MAIN HWY ☐ Add COCONUT GROVE, FL 33133 ✓ Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 13** 2011 Dated_ Signature of a member or authorized representative of a member DIEGO M. RODRIGUEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00