## L11000006074

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

J. BRYAN

DEC 1 4 2012

**EXAMINER** 



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com



## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAM		(DOCUMENT#) L 11 000000000	
2.		·	
(CORPORATE NAM	1E)	(DOCUMENT #)	
3. (CORPORATE NAM	AE)	(DOCUMENT #)	
☐ Walk-In	Pick up time: Certified Cor	oy Certificate Of Status	
☐ Walk-In	Pick up time: Certified Cor	oy Certificate Of Status	
□ Walk-In □	Pick up time: Certified Con	oy Certificate Of Status  Other Filings	
New Filings	Amendments (L.)	Other Filings	
New Fillings	Amendments	Other Fillings Annual Report	
New Fillings Profit Non-Profit	Amendments  Amendments  Amendments  Resignation	Other Fillings Annual Report Fictitious Name	

Examiners Initials

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

•	TICLES OF AMENDMEN TO ICLES OF ORGANIZATI OF	T ON	WINDER 13 Mr 9:35
FLRANC	HO COYOTE BAR & GRI	LL LLC	EF OF TO
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	Con is
	E Fronce Diffitted Company		ALGE.
The Articles of Organization for this Limited L	iability Company were filed on	01/14/2011	and assigned
Florida document numberL1100000	<u>6074</u> .		
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of the new name of the new name must be distinguishable and end with L.C."	f the limited liability company her		LC" or the abbreviation
Enter new principal offices address, if applic	<del></del>		
(Principal office address MUST BE A STRE!	ET ADDRESS)		<u> </u>
		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	:	,
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on office address here:	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	CARIDAD RONDON		<u>!</u>
New Registered Office Address:	10900 SW 196 ST APT 109	9N ter Florida street addr	ess
	MIAMI	, Florida	33157
	City		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 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>	<u>Name</u>	Address	Type of Action
MGRM	CARIDAD RONDON	10900 SW 196 ST APT 109 MIAMI, EL 33157	Add  Add  Semove
<u>MGRM</u>	ALFREDO J PEREZ	18401 SW 256 ST HOMESTEAD EL 33031 U	
			Tanks ove
			Add Remove
			Add Remove
			Add
D. If am	ending any other information, enter c	hange(s) here: (Attach additional sheets,	if necessary.)
Dated	12/11/2 Per	<u></u> .	
	A Fredo	Cyped or printed name of signee	CI

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