

L 11 0000 18966

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

T. CLINE
APR 11 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pupuseria & Antojitos "EL Culero", 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:

Marta E Guzman
Name of Person
Pupuseria & Antojitos "EL Culero", LLC
Firm/Company
5449 NE 1 Avenue
Address
Oakland Park FL. 33334
City/State and Zip Code
elizabeth22-577@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marta E Guzman at (754) 422-9664
Name of Person 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pupuseria & Antojitos "EL Calero", 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 2/14/2011 and assigned
Florida document number L11000018966

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**)

5449 NE 1 Avenue
Oakland Park FL 33334

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:

Marta E Guzman

New Registered Office Address:

5449 NE 1 Avenue

Enter Florida street address

Oakland Park, Florida 33334

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.

Marta E Guzman
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

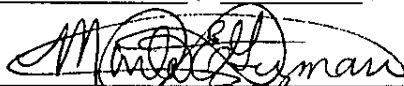
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peggy J. Manresa	4849 NE 18 Terrace Ft. Lauderdale FL 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Manolo E Canales	4849 NE 18 Terrace Ft. Lauderdale FL 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Cruz de Rosario Jimenez de Quijano	4849 NE 18 Terrace Ft. Lauderdale FL 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jose Luis Quijano	5449 NE 1 Avenue Oakland Park FL 33334	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

April 2 2011



Signature of a member or authorized representative of a member

Marta E Guzman

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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