

L11000029810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

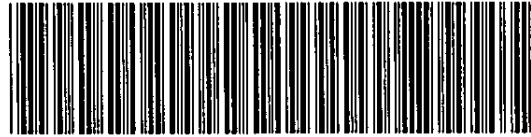
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 06 2013

COCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2013

JOSE L. ALMARALES
736 NW 22ND AVE
MIAMI, FL 33125

SUBJECT: GARCIA RESTAURANT, LLC.
Ref. Number: L11000029810

We have received your document for GARCIA RESTAURANT, 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 613A00020584

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Garcia Restaurant 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:

José L. Almarales
Name of Person

Professional Services Bookkeeping, Inc.
Firm/Company

736 NW 22nd Av
Address

Miami, FL 33125
City/State and Zip Code

jope@professionalservicesmiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

José Almarales at (305) 642-3000
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

We already paid with check #1637.
(last week)

RECEIVED

13 SEP -6 PM 3:18

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Garcia Restaurant 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 3/10/2011 and assigned
Florida document number L 11000029810.

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**)

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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:

New Registered Office Address:

Enter Florida street address

Florida

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Cristina Garcia	404 SW 22nd Av	<input type="checkbox"/> Add
		Miami, FL 33135	<input checked="" type="checkbox"/> Remove

MGRM	Cristina Flores de Caballero	404 SW 22nd Av	<input checked="" type="checkbox"/> Add
		Miami, FL 33135	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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CLERK OF STATE
TALLAHASSEE FLORIDA

FROM :

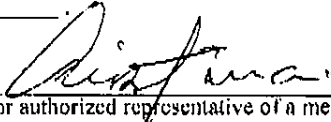
FAX NO. :

Sep. 06 2013 03:05PM P4

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

Dated

9/05/2013


Signature of a member or authorized representative of a member

Cristina Flores de Caballero
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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