Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC

Account Number : I20080000080 Phone : (305)642~1090 Fax Number : (305)642~1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JCOChOUGOItgliannis . Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TORTILLA'S RESTAURANTS, LLC.

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Certificate of Status	0
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COVER LETTER

TO:

Registration Section
Division of Corporations

TORTILLA'S RESTAURANTS, 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:

SANDRA DEL CASTILLO

Name of Person

Firm/Company

760 RIDGEWOOD RD

Address

KEY BISCAYNE, FL. 33149

City/State and Zip Code

JCACHOUA@ITALIANNIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS CACHOUA

Name of Person

1 (305) 961-1181

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. (A Florida Limited	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Torida document number <u>L11000052749</u>	y were filed on 05/04/2011	and assign	ed	
This amendment is submitted to amend the following:				
L If amending name, enter the new name of the limited lial	bility company here:			
N/A				
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "		reviation	
Enter new principal offices address, if applicable:	760 RIDGEWOOD RD.	Par B		
Principal office address MUST BE A STREET ADDRESS)	KEY BISCAYNE, FL. 33149	5		
		28		
Enter new mailing address, if applicable:	760 RIDGEWOOD RD.		91 F	
Mailing address MAY BE A POST OFFICE BOX)	KEY BISCAYNE, FL. 33149			
		200		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		the name of t	he new	
Name of New Registered Agent: SANDRA I	SANDRA DEL CASTILLO			
New Registered Office Address: 760 RIDGI	760 RIDGEWOOD RD.			
	Enter Florida street add	dress		
Key 1	5) SCAUME, Florida 3	3149		
ı	City	Zip Code		

New Registered Agent's Signature, it 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 fireby confirm that the limited having company has been notified in writing of this change.

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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>	Name	Address 1	vpe of Action
MGRM	DEL CASTILLO, SANDRA	760 RIDGEWOOD RD.	✓ Add
		KEY BISCAYNE, FL. 33149	Remove
MGRM	CACHOUA, JUAN CARLOS	1425 BRICKELL AVENUE SUITE 41F	Add
		MIAMI, FL. 33130	Remove
	·	77- 77- 70- 70- 70- 70- 70- 70- 70- 70-	
		13 13 13 13 13 13	Remove
			Remove
			Add Remove
			Add
			Remove

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Dated Nov. 2 Co 20/3

Signature of a member or authorized representative of a member

The State of the member of authorized representative of a member

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