

Florida Department of State

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: T Cachova @ Italianis. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TORTILLA'S RESTAURANTS, LLC.

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\$25.00

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DEC 2 6 2013

T. HAMPTON

12/23/2013 10:43 AM

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

PRESIDENT

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;

SANDRA DEL CASTILLO

,305,961-1181

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

(+1130002810183)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORTILLA'S RESTAURANTS, 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	y were filed on 05/04/2011	and assigned
Florida document number L11000052749		TI SECOLL ALL
This amendment is submitted to amend the following:		35 23 F
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		۾ چي
The new name must be distinguishable and end with the words "Lin"L.L.C."	ited Liability Company," the designment	enation "LHCF or the abbreviation
Enter new principal offices address, if applicable:	777 BRICKELL AVE S	TE 950
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
		orida
·	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

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MGR = Ma	g <u>Member being added or removed fro</u> nager Ianaging Member	m our records:
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	St Regis Penthouse LLC	777 BRICKELL AVE STE 950
	 .	MIAMI, FL. 33131
MGRM	RS International Trust	777 BRICKELL AVE STE 950
		MIAMI, FL. 33131
MGRM	SANDRA DEL CASTILLO	760 RIDGEWOOD RD.
		KEY BISCAYNE, FL 33149 Remove
		Add Acc Remove
		AHASSEE STATE Remove
		Add

3056421010

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1	Dec. 5 / 20/3 ()
	× allow
	Signature of a member of authorized representative (1) a member

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