## L120000088266

(Rea	uestor's Name)	
	an Juan Restau 57th Ave	r
(Add	ress)	
(City	/State/Zip/Phone	⊋#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP - 6 2013

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## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	VIEJO SAN JUAN RE	STAURANT LLC	
	Name of Limi	ted Liability Company	<del></del>
		•	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Israel Gom	ez	
		Name of Person	
	MI VIEJO SAN J	UAN RESTAURANT LLC	
		Firm/Company	
	1200 SW 57	th Ave	
	1200 54 57	Address	
4	Miami FL 3	3144	·
	<del></del>	City/State and Zip Code	· <del></del>
-	E mail address to	o be used for future annual report notificati	an)
		·	ony
For further information	concerning this matter, please concerning the con	all:	
Israel G	omez	at ( ) 786 422-2	2000
Name	of Person	Area Code & Daytime Te	lephone 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)	Certificate of States & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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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SECHETARY OF STATE TALLAHASSEE, FLORIDA

August 14, 2013

MI VIEJO SAN JUAN RESTAURANT LLC 1200 SW 57TH AVE MIAMI, FL 33144

SUBJECT: MI VIEJO SAN JUAN RESTAURANT, LLC

Ref. Number: L12000088266

We have received your document for MI VIEJO SAN JUAN RESTAURANT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00019443

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI VIEJO SAN JUAN RESTAURANT LLC

(Name of the Limited Liabi	la Limited Liability Com	appears on our recording pany)	<u>s.</u> )
The Articles of Organization for this Limited Liability	y Company were filed o	on07/06/2012	and assigned
Florida document number L12000088266			ALL
This amendment is submitted to amend the following			FILED SEP -5 PM AHASSEE.F
A. If amending name, enter the new name of the li	imited liability compa	n <u>y here</u> :	PH 4: PLOR
N/A			- 5㎡ A
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability	Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office a	gistered office address	N/A s on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		Enter Florida stree	et address
		, Floric	la
<del></del>	City	,,	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	and complete perform l agent as provided for ered office address, I	nance of my duties, a r in Chapter 608, F.S	nd I am familiar with and .'. Or, if this document is

If Changing Registered Agent, Signature of New Registere | 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>	Type of Action
MGR	Jaime N. De Jesus	218 NW 12th Ave Apt 805	Add
		Miami FL 33128	X Remove
MCD	Tamaal Camaa	210 NW 12th Arro 3-t 005	
MGR	Israel Gomez	218 NW 12th Ave Apt 805	Add
		Miami FL 33128	Remove
<del></del>		D) C	Add
		ALLAHASSEE, FLORIDA	Remove
	FL OR	5 m 2 D	
	·		Add Add
			Remove
			Add
			Remove
<del></del>			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Remove Jaime N De Jesus as Manager, and add Israel Gomez
	as Manager.
Dated	Aug 28, 2013
_	Hauts
	Significate of a member or authorized representative of a member
	Israel Gomez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

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