

L12000127121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

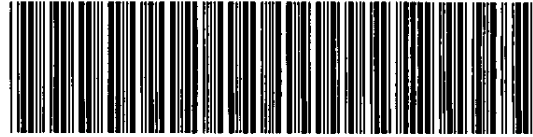
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 NOV 18 PM 4:05

NOV 19 2014  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EL TORMENTO DJ, 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:

**EDISON CERRATO**

Name of Person

**EL TORMENTO DJ, LLC**

Firm/Company

**5825 ITHACA CIRCLE WEST**

Address

**LAKE WORTH, FLORIDA 33463**

City/State and Zip Code

**NONE**

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

For further information concerning this matter, please call:

**EDISON CERRATO**

at ( **561** ) **584-2857**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2014

EDISON CERRATO  
5825 ITHACA CIRCLE WEST  
LAKE WORTH, FL 33463

SUBJECT: EL TORMENTO DJ, LLC  
Ref. Number: L12000127121

We have received your document for EL TORMENTO DJ, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 314A00022745

RECEIVED  
DIVISION OF CORPORATIONS  
16 NOV 18 PM 4:05

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EL TORMENTO DJ. 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 10/04/2012 and assigned  
Florida document number L1200127121.

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.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

279 East Main Street

Pahokee, Florida 33476

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5825 Ithaca Circle West

Lake Worth, Florida 33463

**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:

EDISON CERRATO

New Registered Office Address:

5825 ITHACA CIRCLE WEST

Enter Florida street address

LAKE WORTH

City

, Florida 33463

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|----------------|--------------------------|--|
| MGR          | EDISON CERRATO | 5825 Ithaca Circle West  | <input checked="" type="checkbox"/> Add    |
|              |                | Lake Worth, FL 33463     | <input type="checkbox"/> Remove            |
| AMBR         | EDISON CERRATO | 5825 Ithaca Circle West  | <input checked="" type="checkbox"/> Add    |
|              |                | Lake Worth, FL 33463     | <input type="checkbox"/> Remove            |
| MGR          | JUAN OFARRIL   | 279 E. MAIN STREET       | <input type="checkbox"/> Add               |
|              |                | PAHOKEE, FL 33467        | <input checked="" type="checkbox"/> Remove |
| MGR          | JUAN M. CUBA   | 279 E. MAIN STREET       | <input type="checkbox"/> Add               |
|              |                | PAHOKEE STREET, FL 33467 | <input checked="" type="checkbox"/> Remove |
| AMBR         | JUAN OFARRIL   | 279 E. MAIN STREEY       | <input type="checkbox"/> Add               |
|              |                | PAHOKEE STREET, FL 33467 | <input checked="" type="checkbox"/> Remove |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |

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STREET LIGHTING  
DIVISION  
OF  
OPERATIONS

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

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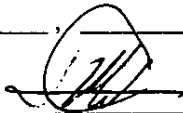
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

*11/10/14*



Signature of a member or authorized representative of a member

*Juan M. Cuba*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE  
DIVISION OF  
REGISTRARS