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## COVER LETTER

SUBJECT:	EL TORME	ENTO DJ, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		FERNANDO MORALES	CHAPMAN	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		EL TORMENTO DJ, LLC		
			Firm/Company	
		1074 GOLDEN ROD ROA	AD	
		- · · · · · · · · · · · · · ·	Address	
		WELLINGTON, FLORID	A 33414	
			City/State and Zip Code	·
		vjberrios@hotmail.com		
		E-mail address: (	to be used for future annual report notifica	ition)
For further in	iformation co	oncerning this matter, please co	all:	
FERNANDO MORALES CHAPMAN			863 206-6167	
Name of Person		Person	at () Area Code Daytime To	elephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

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

EL TORMENTO DJ,LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	our records.)			
The Articles of Organization for this Limited Li Florida document number L1200127121	ability Company	were filed on 10/04	STAIL LORN			
This amendment is submitted to amend the following	owing:		37 DA			
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:	279 East Main Street				
(Principal office address MUST BE A STREE	T ADDRESS)	Pahokee, Florida 33476				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	1074 GOLDEN ROD ROAD WELLINGTON, FLORIDA 33414				
B. If amending the registered agent and/or the new registered of			ur records, <u>enter the name of the new</u>			
Name of New Registered Agent:	FERNANDO MORALES CHAPMAN					
New Registered Office Address:	1074 GOLDEN	ROD ROAD				
		Enter Florida	street address			
	WELLINGTON	N	, Florida 33414			
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	VICTOR JOSE BERRIOS	1074 GOLDEN ROD ROAD	■ Add
		Wellington, Florida 33414	□ Remove
			Change
MGR	EDISON CERRATO	1121 North "J" Street	Add
		Lake Worth, Florida 33460	■ Remove
			Change
AMBR	VICTOR JOSE BERRIOS	1074 Golden Rod Road	<b>≅</b> Add
		Wellington, Florida 33414	☐ Remove
			☐ Change
AMBR	EDISON CERRATO	1121 North "J" Street	Add
		Lake Worth, Florida 33460	■ Remove
AMBR	Fernanda Morales Chapman	1074 Golden Rod Road	Add
		Wellington, Florida 33414	Remove
		,	Change  Change  Change  Add  Add  Add  Change  Change  Change  Add  Change  Change
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ctive date, if other than the date	of filing: _	<del></del>	1 001	1 00 1	(optional	) , ,	
effective date is listed, the date must be s  E: If the date inserted in this block of	oes not meet	the applicabl	e statutory filir	ig requiremen	ts, this dat	g.) Pursus e will no	ot be listed
iment's effective date on the Depart	ment of State	e's records.					
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Sign	ature of a mem	ber or authoriz	ed representative	e of a member		=	
- // Sign							
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