# 112000133940

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: El Chamo Spectacular Training Props 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:
Walter Montes de Oca Name of Person
El Chano Spectaeular Training Props LLC
246 Queen Mary Drive
Davenport FL 33837  City/State and Zip Code  Walter montes de oca a hotmail-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Walter Montes de Oca at (352) 455-8091  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURÍER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar	ransports on our records.) and Iransports on our records.)
tion LLC (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $10/33/3012$ and assigned
Florida document number <u>L12000133940</u>	ı
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
EL Chance Spectae. Lar T The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	246 Queen Mary Drive DAVenport, FL 133837
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	246 Queen Mary Drive Davenport, FL 33837
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	,
New Registered Office Address:	Enter Florida street address 22 [
	Enter Florida street address  Florida  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<b>美術 5</b>
I hereby accept the appointment as registered agent and agree	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of an effective date is listed, the date must be spective. If the date inserted in this block doe locument's effective date on the Department.	s not meet the applicable	ate of filing or more than statutory filing requir	(optional 90 days after filing ements, this date	) 3.) Pursuant to 60: will not be list	5.0207 (3) led as the
e record specifies a delayed effec The 90th day after the record is	ive date, but not ar filed.	n effective time, a	t 12:01 a.m.	on the earli	er of:
ated 12 14 2017	Montes e of a member or authorize	de Osa depresentative of a mer	nber	<u>-</u>	
	Montes Typed or printed na		2		

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Filing Fee: \$25.00