

L130000049323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 NOV 25 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: El Milagro Latin Market and Deli 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:

Patricia F Rodas

Name of Person

Manager

Firm/Company

600 NW 75th Suite A

Address

Gainesville FL 32607

City/State and Zip Code

elmilagrolatinmarket@yahoo.com

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

For further information concerning this matter, please call:

Patricia F Rodas

Name of Person

at (352)

Area Code

792 3888

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

El Milagro Latin Market and Deli LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

APPROVED  
AND  
FILED  
14 NOV 25 PM 4:43  
CLERK OF THE  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-3-2013 and assigned  
Florida document number 13000049323

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

600 NW 75th St Suite A  
Gainesville FL 32607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

Patricia F Rodas

New Registered Office Address:

600 NW 75th Suite A

Enter Florida street address

Gainesville, Florida 32607

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.

[Signature]  
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	Franklin Rodas Jr	600 NW 75th Suite A	<input type="checkbox"/> Add
		Gainesville FL 32607	<input checked="" type="checkbox"/> Remove
MGR	Patricia F Rodas	600 NW 75 St Suite A	<input checked="" type="checkbox"/> Add
		Gainesville FL 32607	<input type="checkbox"/> Remove
AMBR	Elisec Enoc Roldan Tobar	600 NW 75 St Suite A	<input checked="" type="checkbox"/> Add
		Gainesville FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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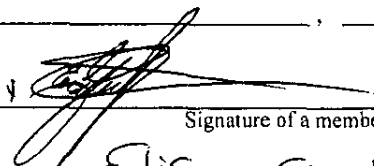
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E. Effective date, if other than the date of filing: 11-29-2013 (optional)

(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Eliseo Eric Mendez Tobar

Typed or printed name of signee