## 1-13000055978

Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Co					
SUBJECT: El Ca	aballero LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Errol Feldma	an			
		Name of Person			
		Firm/Company			
	12864 Bisca	yne Blvd. #396		<b>201</b> :	
		Address		AA	•
	Miami, FL 3	3181		2013 MAÝ 24 SECRETARY FALLAHASSE	
		City/State and Zip Code			1
	errol.feldman@g			FEORE	C
		to be used for future annual report not	ification)	PHIZ- 00 OF STATE S. FIGORIBA	
For further information of	concerning this matter, please of	all:			
Errol Feldm	nan	917 <sub>,</sub> 202-7	529		
Name o	f Person	Area Code & Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Certificate o		

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El Caballero, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records imited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C Florida document number L13000055978	company were filed on April 16, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the designati	ion "LLe" br the breviation
Enter new principal offices address, if applicable:		TAS
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		PH IZ- 00
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office additional and/or the new registered agent and/or the new	· · · · · · · · · · · · · · · · · · ·	iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	
	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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u> Title</u>	<u>Name</u>	Address 1	vpe of Action
MGRM	Errol Feldman	12864 Biscayne Blvd	Add
		Miami, FL 33181	Remove
			_
			Add
			Remove
		, <del>,                                  </del>	. 2
		CCRES	Add T
		SSEF 0	Remove
		ELORIE	ी न
			Add
			Remove
			Add
			Remove
			Add
	-		Remove

D. If amending any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
May 22	2013
RSZ	ure of a member or authorized representative of a member
Ryan Shapiro	·
	Typed or printed name of signee

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Filing Fee: \$25.00

2013 MAY 24 PH 12 O