#1 13000080160

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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K.SALY EXAMINER JUN 2 4 2013

COVER LETTER

TQ:

Registration Section
Division of Corporations

La Gran Via Restaurant 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:

Joselin N. Delgado Costo

Name of Person

Sabor A Merengue LLC

Firm/Company

7530 Waters Ave.

Address

Tampa FI 33615

City/State and Zip Code

ea6919@gmail.com

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

For further information concerning this matter, please call:

Joselin N. Delgado Coste

, 401 **, 569-5663**

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)

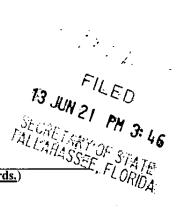
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



La Gran Via Restaurant 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 Liab	oility Company were filed on 06/03/2013	and assigned
Florida document number <u>L13000080160</u>	.	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
SABOR A MERENGUE LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	treet address
	, Flo	orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	1141110	Address	Type of Action
			Add
			Remove
		<u> </u>	Add
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			Remove
			Add
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			Remove

D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · •	
_	
Dated Ju	ne 19 2013
	•
	Signature of a member or authorized representative of a member
	Joselin N. Delgado Coste
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00