

L14 006012232

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chapala Authentc Mexico Restaurant and Grill  
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:

Jose R. Valencia Chavez  
Name of Person

Firm/Company

105 Tooke Street  
Address

1st Walton Beach, FL 32547  
City/State and Zip Code

chivas88rejo@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose R Valencia Chavez at (850) 200-1920  
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

Chapala Authentic Mexico Restaurant and Grill LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3



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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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

\_\_\_\_\_  
Typed or printed name of signee

14 JAN 31 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA